

PROC	DESCRIPTION	PA	INP	OUTP	TC	PC
	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, 1-3					
G0107	SIMULTANEOUS		\$3.24	\$3.24	\$0.00	\$0.00
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS		\$0.00	\$17.98	\$0.00	\$0.00
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS		\$0.00	\$31.14	\$0.00	\$0.00
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS		\$0.00	\$63.80	\$0.00	\$0.00
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG		\$0.00	\$2.57	\$0.00	\$0.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG		\$0.00	\$14.78	\$0.00	\$0.00
	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150					
J1055	MG		\$0.00	\$52.60	\$0.00	\$0.00
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG		\$0.00	\$5.10	\$0.00	\$0.00
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG		\$0.00	\$15.38	\$0.00	\$0.00
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG		\$0.00	\$0.51	\$0.00	\$0.00
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG		\$0.00	\$1.02	\$0.00	\$0.00
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG		\$0.00	\$48.51	\$0.00	\$0.00
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG		\$0.00	\$113.53	\$0.00	\$0.00
	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT					
J2792	DETERGEN		\$0.00	\$21.30	\$0.00	\$0.00
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG		\$0.00	\$29.05	\$0.00	\$0.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE		\$0.00	\$377.00	\$0.00	\$0.00
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG		\$0.00	\$407.70	\$0.00	\$0.00
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH		\$0.00	\$0.00	\$0.00	\$0.00
	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS					
J7306	AND		\$0.00	\$0.00	\$0.00	\$0.00
	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR					
J7318	INJECTI		\$0.00	\$0.00	\$0.00	\$0.00
J7342	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER		\$0.00	\$0.00	\$0.00	\$0.00
J9000	DOXORUBICIN HCL, 10 MG		\$0.00	\$11.84	\$0.00	\$0.00
J9001	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG		\$0.00	\$394.77	\$0.00	\$0.00
J9010	ALEMTUZUMAB, 10 MG		\$0.00	\$553.77	\$0.00	\$0.00
J9015	ALDESLEUKIN, PER SINGLE USE VIAL		\$0.00	\$730.35	\$0.00	\$0.00
J9017	ARSENIC TRIOXIDE, 1MG		\$0.00	\$36.00	\$0.00	\$0.00
J9020	ASPARAGINASE, 10,000 UNITS		\$0.00	\$59.32	\$0.00	\$0.00
J9025	INJECTION, AZACITIDINE, 1 MG		\$0.00	\$0.00	\$0.00	\$0.00
J9027	INJECTION, CLOFARABINE, 1 MG		\$0.00	\$0.00	\$0.00	\$0.00
J9031	BCG (INTRAVESICAL) PER INSTILLATION		\$0.00	\$152.19	\$0.00	\$0.00

J9035	INJECTION, BEVACIZUMAB, 10 MG	\$0.00	\$61.87	\$0.00	\$0.00
J9040	BLEOMYCIN SULFATE, 15 UNITS	\$0.00	\$219.80	\$0.00	\$0.00
J9041	INJECTION, BORTEZOMIB, 0.1 MG	\$0.00	\$31.27	\$0.00	\$0.00
J9045	CARBOPLATIN, 50 MG	\$0.00	\$147.46	\$0.00	\$0.00
J9050	CARMUSTINE, 100 MG	\$0.00	\$147.14	\$0.00	\$0.00
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	\$0.00	\$26.87	\$0.00	\$0.00
J9062	CISPLATIN, 50 MG	\$0.00	\$129.13	\$0.00	\$0.00
J9065	INJECTION, CLADRIBINE, PER 1 MG	\$0.00	\$48.60	\$0.00	\$0.00
J9070	CYCLOPHOSPHAMIDE, 100 MG	\$0.00	\$2.75	\$0.00	\$0.00
J9080	CYCLOPHOSPHAMIDE, 200 MG	\$0.00	\$5.51	\$0.00	\$0.00
J9090	CYCLOPHOSPHAMIDE, 500 MG	\$0.00	\$13.77	\$0.00	\$0.00
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	\$0.00	\$27.54	\$0.00	\$0.00
J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	\$0.00	\$55.08	\$0.00	\$0.00
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	\$0.00	\$4.63	\$0.00	\$0.00
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	\$0.00	\$9.25	\$0.00	\$0.00
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	\$0.00	\$23.15	\$0.00	\$0.00
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	\$0.00	\$46.29	\$0.00	\$0.00
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	\$0.00	\$92.60	\$0.00	\$0.00
J9098	CYTARABINE LIPOSOME, 10 MG	\$0.00	\$380.34	\$0.00	\$0.00
J9100	CYTARABINE, 100 MG	\$0.00	\$4.03	\$0.00	\$0.00
J9110	CYTARABINE, 500 MG	\$0.00	\$20.24	\$0.00	\$0.00
J9120	DACTINOMYCIN, 0.5 MG	\$0.00	\$13.14	\$0.00	\$0.00
J9130	DACARBAZINE, 100 MG	\$0.00	\$12.02	\$0.00	\$0.00
J9140	DACARBAZINE, 200 MG	\$0.00	\$21.53	\$0.00	\$0.00
J9150	DAUNORUBICIN, 10 MG	\$0.00	\$74.57	\$0.00	\$0.00
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	\$0.00	\$61.20	\$0.00	\$0.00
J9160	DENILEUKIN DIFTITOX, 300 MCG	\$0.00	\$1,374.30	\$0.00	\$0.00
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	\$0.00	\$5.57	\$0.00	\$0.00
J9170	DOCETAXEL, 20 MG	\$0.00	\$339.08	\$0.00	\$0.00
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	\$0.00	\$0.00	\$0.00	\$0.00
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	\$0.00	\$26.97	\$0.00	\$0.00
J9181	ETOPOSIDE, 10 MG	\$0.00	\$4.15	\$0.00	\$0.00
J9182	ETOPOSIDE, 100 MG	\$0.00	\$46.20	\$0.00	\$0.00
J9185	FLUDARABINE PHOSPHATE, 50 MG	\$0.00	\$330.32	\$0.00	\$0.00
J9190	FLUOROURACIL, 500 MG	\$0.00	\$3.38	\$0.00	\$0.00
J9200	FLOXURIDINE, 500 MG	\$0.00	\$131.40	\$0.00	\$0.00
J9201	GEMCITABINE HCL, 200 MG	\$0.00	\$122.67	\$0.00	\$0.00

J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	\$0.00	\$422.99	\$0.00	\$0.00
J9206	IRINOTECAN, 20 MG	\$0.00	\$148.41	\$0.00	\$0.00
J9208	IFOSFAMIDE, 1 GM	\$0.00	\$148.41	\$0.00	\$0.00
J9209	MESNA, 200 MG	\$0.00	\$33.70	\$0.00	\$0.00
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	\$0.00	\$397.84	\$0.00	\$0.00
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	\$0.00	\$4.80	\$0.00	\$0.00
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	\$0.00	\$33.05	\$0.00	\$0.00
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	\$0.00	\$14.66	\$0.00	\$0.00
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	\$0.00	\$7.74	\$0.00	\$0.00
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	\$0.00	\$318.74	\$0.00	\$0.00
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	\$0.00	\$616.69	\$0.00	\$0.00
J9218	LEUPROLIDE ACETATE, PER 1 MG	\$0.00	\$85.12	\$0.00	\$0.00
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	\$0.00	\$5,115.60	\$0.00	\$0.00
J9225	HISTRELIN IMPLANT, 50 MG	\$0.00	\$0.00	\$0.00	\$0.00
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	\$0.00	\$11.38	\$0.00	\$0.00
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	\$0.00	\$397.99	\$0.00	\$0.00
J9250	METHOTREXATE SODIUM, 5 MG	\$0.00	\$0.34	\$0.00	\$0.00
J9260	METHOTREXATE SODIUM, 50 MG	\$0.00	\$3.75	\$0.00	\$0.00
J9263	INJECTION, OXALIPLATIN, 0.5 MG	\$0.00	\$8.95	\$0.00	\$0.00
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	\$0.00	\$0.00	\$0.00	\$0.00
J9265	PACLITAXEL, 30 MG	\$0.00	\$156.64	\$0.00	\$0.00
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	\$0.00	\$1,580.40	\$0.00	\$0.00
J9268	PENTOSTATIN, PER 10 MG	\$0.00	\$2,117.34	\$0.00	\$0.00
J9270	PLICAMYCIN, 2.5 MG	\$0.00	\$88.87	\$0.00	\$0.00
J9280	MITOMYCIN, 5 MG	\$0.00	\$77.23	\$0.00	\$0.00
J9290	MITOMYCIN, 20 MG	\$0.00	\$251.37	\$0.00	\$0.00
J9291	MITOMYCIN, 40 MG	\$0.00	\$270.00	\$0.00	\$0.00
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	\$0.00	\$326.82	\$0.00	\$0.00
J9300	GEMTUZUMAB OZOGAMICIN, 5MG	\$0.00	\$2,291.65	\$0.00	\$0.00
J9305	INJECTION, PEMETREXED, 10 MG	\$0.00	\$43.87	\$0.00	\$0.00
J9310	RITUXIMAB, 100 MG	\$0.00	\$474.75	\$0.00	\$0.00
J9320	STREPTOZOCIN, 1 GM	\$0.00	\$167.63	\$0.00	\$0.00
J9340	THIOTEPA, 15 MG	\$0.00	\$119.99	\$0.00	\$0.00
J9350	TOPOTECAN, 4 MG	\$0.00	\$794.45	\$0.00	\$0.00
J9355	TRASTUZUMAB, 10 MG	\$0.00	\$55.71	\$0.00	\$0.00
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	\$0.00	\$498.96	\$0.00	\$0.00
J9360	VINBLASTINE SULFATE, 1 MG	\$0.00	\$2.47	\$0.00	\$0.00

J9370	VINCRIStINE SULFATE, 1 MG		\$0.00	\$22.75	\$0.00	\$0.00
J9375	VINCRIStINE SULFATE, 2 MG		\$0.00	\$34.15	\$0.00	\$0.00
J9380	VINCRIStINE SULFATE, 5 MG		\$0.00	\$91.04	\$0.00	\$0.00
J9390	VINOReLBINE TARTRATE, PER 10 MG		\$0.00	\$82.38	\$0.00	\$0.00
J9395	INJECTION, FULVESTRANT, 25 MG		\$0.00	\$84.99	\$0.00	\$0.00
J9600	PORFIMER SODIUM, 75 MG		\$0.00	\$2,466.63	\$0.00	\$0.00
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	R	\$0.00	\$0.00	\$0.00	\$0.00
	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN					
Q0111	SPECIM		\$4.97	\$4.97	\$0.00	\$0.00
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS		\$5.90	\$5.90	\$0.00	\$0.00
Q0113	PINWORM EXAMINATIONS		\$7.47	\$7.47	\$0.00	\$0.00
Q0114	FERN TEST		\$9.88	\$9.88	\$0.00	\$0.00
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MU		\$13.68	\$13.68	\$0.00	\$0.00
V2020	FRAMES, PURCHASES		\$19.00	\$25.00	\$0.00	\$0.00
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS		\$0.00	\$50.00	\$0.00	\$0.00
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER		\$0.00	\$50.00	\$0.00	\$0.00
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PE		\$0.00	\$50.00	\$0.00	\$0.00
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .1		\$0.00	\$50.00	\$0.00	\$0.00
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.		\$0.00	\$50.00	\$0.00	\$0.00
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.		\$0.00	\$50.00	\$0.00	\$0.00
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OV		\$0.00	\$50.00	\$0.00	\$0.00
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.0		\$0.00	\$50.00	\$0.00	\$0.00
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.		\$0.00	\$50.00	\$0.00	\$0.00
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.0		\$0.00	\$50.00	\$0.00	\$0.00
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVE		\$0.00	\$50.00	\$0.00	\$0.00

V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.	\$0.00	\$50.00	\$0.00	\$0.00
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.	\$0.00	\$50.00	\$0.00	\$0.00
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.	\$0.00	\$50.00	\$0.00	\$0.00
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER L	\$0.00	\$50.00	\$0.00	\$0.00
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$0.00	\$50.00	\$0.00	\$0.00
V2118	ANISEIKONIC LENS, SINGLE VISION	\$0.00	\$50.00	\$0.00	\$0.00
V2121	LENTICULAR LENS, PER LENS, SINGLE	\$0.00	\$50.00	\$0.00	\$0.00
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	\$0.00	\$50.00	\$0.00	\$0.00
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$0.00	\$50.00	\$0.00	\$0.00
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$0.00	\$50.00	\$0.00	\$0.00
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$0.00	\$50.00	\$0.00	\$0.00
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2	\$0.00	\$50.00	\$0.00	\$0.00
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO	\$0.00	\$50.00	\$0.00	\$0.00
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO	\$0.00	\$50.00	\$0.00	\$0.00
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.0	\$0.00	\$50.00	\$0.00	\$0.00
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D	\$0.00	\$50.00	\$0.00	\$0.00
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH	\$0.00	\$50.00	\$0.00	\$0.00
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH	\$0.00	\$50.00	\$0.00	\$0.00
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH	\$0.00	\$50.00	\$0.00	\$0.00
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP	\$0.00	\$50.00	\$0.00	\$0.00
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP	\$0.00	\$50.00	\$0.00	\$0.00
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP	\$0.00	\$50.00	\$0.00	\$0.00

V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$0.00	\$50.00	\$0.00	\$0.00
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$0.00	\$50.00	\$0.00	\$0.00
V2218	ANISEIKONIC, PER LENS, BIFOCAL	\$0.00	\$50.00	\$0.00	\$0.00
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$0.00	\$50.00	\$0.00	\$0.00
V2220	BIFOCAL ADD OVER 3.25D	\$0.00	\$50.00	\$0.00	\$0.00
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	\$0.00	\$50.00	\$0.00	\$0.00
V2299	SPECIALTY BIFOCAL (BY REPORT)	\$0.00	\$50.00	\$0.00	\$0.00
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC	\$0.00	\$50.00	\$0.00	\$0.00
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER	\$0.00	\$50.00	\$0.00	\$0.00
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	\$0.00	\$50.00	\$0.00	\$0.00
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	\$180.00	\$234.00	\$0.00	\$0.00
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	\$137.50	\$178.75	\$0.00	\$0.00
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	\$145.10	\$145.10	\$0.00	\$0.00
00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP	\$174.12	\$174.12	\$0.00	\$0.00
	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG,				
00103	BLEPHAROPLASTY	\$145.10	\$145.10	\$0.00	\$0.00
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	\$116.08	\$116.08	\$0.00	\$0.00
	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR				
00120	INCLUDING	\$145.10	\$145.10	\$0.00	\$0.00
	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR				
00124	INCLUDING	\$116.08	\$116.08	\$0.00	\$0.00
	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR				
00126	INCLUDING	\$116.08	\$116.08	\$0.00	\$0.00
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	\$145.10	\$145.10	\$0.00	\$0.00
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	\$116.08	\$116.08	\$0.00	\$0.00
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	\$174.12	\$174.12	\$0.00	\$0.00
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	\$174.12	\$174.12	\$0.00	\$0.00
00147	ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY	\$116.08	\$116.08	\$0.00	\$0.00
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	\$116.08	\$116.08	\$0.00	\$0.00
	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT				
00160	OTHERWISE	\$145.10	\$145.10	\$0.00	\$0.00
	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL				
00162	SURGE	\$203.14	\$203.14	\$0.00	\$0.00

00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT	\$116.08	\$116.08	\$0.00	\$0.00
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE	\$145.10	\$145.10	\$0.00	\$0.00
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT	\$174.12	\$174.12	\$0.00	\$0.00
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL	\$174.12	\$174.12	\$0.00	\$0.00
00176	SURGERY	\$203.14	\$203.14	\$0.00	\$0.00
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPEC	\$145.10	\$145.10	\$0.00	\$0.00
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL SURGERY	\$203.14	\$203.14	\$0.00	\$0.00
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	\$319.22	\$319.22	\$0.00	\$0.00
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	\$145.10	\$145.10	\$0.00	\$0.00
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION	\$261.18	\$261.18	\$0.00	\$0.00
00215	OF	\$261.18	\$261.18	\$0.00	\$0.00
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	\$435.30	\$435.30	\$0.00	\$0.00
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	\$377.26	\$377.26	\$0.00	\$0.00
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING	\$290.20	\$290.20	\$0.00	\$0.00
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRA	\$174.12	\$174.12	\$0.00	\$0.00
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND	\$145.10	\$145.10	\$0.00	\$0.00
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA A	\$174.12	\$174.12	\$0.00	\$0.00
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA A	\$87.06	\$87.06	\$0.00	\$0.00
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LE	\$203.14	\$203.14	\$0.00	\$0.00
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPEC	\$290.20	\$290.20	\$0.00	\$0.00

00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	\$145.10	\$145.10	\$0.00	\$0.00
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITI	\$87.06	\$87.06	\$0.00	\$0.00
00402	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITI	\$145.10	\$145.10	\$0.00	\$0.00
00404	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITI	\$145.10	\$145.10	\$0.00	\$0.00
00406	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITI	\$377.26	\$377.26	\$0.00	\$0.00
00410	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITI	\$116.08	\$116.08	\$0.00	\$0.00
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECI	\$145.10	\$145.10	\$0.00	\$0.00
00452	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; RADICAL SURGERY	\$174.12	\$174.12	\$0.00	\$0.00
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	\$87.06	\$87.06	\$0.00	\$0.00
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	\$174.12	\$174.12	\$0.00	\$0.00
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	\$290.20	\$290.20	\$0.00	\$0.00
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS	\$377.26	\$377.26	\$0.00	\$0.00
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	\$435.30	\$435.30	\$0.00	\$0.00
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT	\$174.12	\$174.12	\$0.00	\$0.00
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA	\$116.08	\$116.08	\$0.00	\$0.00
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS	\$116.08	\$116.08	\$0.00	\$0.00
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	\$232.16	\$232.16	\$0.00	\$0.00
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	\$232.16	\$232.16	\$0.00	\$0.00
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	\$116.08	\$116.08	\$0.00	\$0.00
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	\$116.08	\$116.08	\$0.00	\$0.00
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING	\$203.14	\$203.14	\$0.00	\$0.00
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING	\$203.14	\$203.14	\$0.00	\$0.00
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	\$522.36	\$522.36	\$0.00	\$0.00

00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRA	\$348.24	\$348.24	\$0.00	\$0.00
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRA	\$435.30	\$435.30	\$0.00	\$0.00
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRA	\$435.30	\$435.30	\$0.00	\$0.00
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRA	\$435.30	\$435.30	\$0.00	\$0.00
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRA	\$493.34	\$493.34	\$0.00	\$0.00
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	\$290.20	\$209.20	\$0.00	\$0.00
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS	\$435.30	\$435.30	\$0.00	\$0.00
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS	\$0.00	\$0.00	\$0.00	\$0.00
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS	\$580.40	\$580.40	\$0.00	\$0.00
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS	\$725.50	\$725.50	\$0.00	\$0.00
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP	\$725.50	\$725.50	\$0.00	\$0.00
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	\$580.40	\$580.40	\$0.00	\$0.00
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE	\$290.20	\$290.20	\$0.00	\$0.00
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH	\$377.26	\$377.26	\$0.00	\$0.00
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE	\$290.20	\$290.20	\$0.00	\$0.00
00622	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; THORACOLUMBAR	\$377.26	\$377.26	\$0.00	\$0.00
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	\$232.16	\$232.16	\$0.00	\$0.00
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	\$203.14	\$203.14	\$0.00	\$0.00
00634	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; CHEMONUCLEOLYSIS	\$290.20	\$290.20	\$0.00	\$0.00
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC	\$116.08	\$116.08	\$0.00	\$0.00

00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON T	\$87.06	\$87.06	\$0.00	\$0.00
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL	\$377.26	\$377.26	\$0.00	\$0.00
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERW	\$116.08	\$113.08	\$0.00	\$0.00
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEO	\$116.08	\$116.08	\$0.00	\$0.00
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	\$145.10	\$145.10	\$0.00	\$0.00
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE	\$145.10	\$145.10	\$0.00	\$0.00
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIE	\$116.08	\$116.08	\$0.00	\$0.00
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL	\$174.12	\$174.12	\$0.00	\$0.00
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	\$203.14	\$203.14	\$0.00	\$0.00
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR	\$203.14	\$203.14	\$0.00	\$0.00
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	\$435.30	\$435.30	\$0.00	\$0.00
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$203.14	\$203.14	\$0.00	\$0.00
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$232.16	\$377.26	\$0.00	\$0.00
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$232.16	\$232.16	\$0.00	\$0.00
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$870.60	\$870.60	\$0.00	\$0.00
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$232.16	\$232.16	\$0.00	\$0.00
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERW	\$116.08	\$116.08	\$0.00	\$0.00
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULEC	\$145.10	\$145.10	\$0.00	\$0.00
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRO	\$148.35	\$145.10	\$0.00	\$0.00
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	\$145.10	\$145.10	\$0.00	\$0.00

00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIC	\$116.08	\$116.08	\$0.00	\$0.00
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL	\$174.12	\$174.12	\$0.00	\$0.00
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIC	\$145.10	\$145.10	\$0.00	\$0.00
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIC	\$174.12	\$174.12	\$0.00	\$0.00
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$174.12	\$174.12	\$0.00	\$0.00
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$116.08	\$116.08	\$0.00	\$0.00
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$203.14	\$203.14	\$0.00	\$0.00
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$232.16	\$232.16	\$0.00	\$0.00
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$232.16	\$232.16	\$0.00	\$0.00
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$174.12	\$174.12	\$0.00	\$0.00
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING	\$174.12	\$174.12	\$0.00	\$0.00
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING	\$203.14	\$203.14	\$0.00	\$0.00
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING	\$232.16	\$232.16	\$0.00	\$0.00
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING	\$203.14	\$203.14	\$0.00	\$0.00
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING	\$290.20	\$290.20	\$0.00	\$0.00
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING	\$290.20	\$290.20	\$0.00	\$0.00
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING	\$145.10	\$145.10	\$0.00	\$0.00
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	\$203.14	\$203.14	\$0.00	\$0.00

00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER B	\$145.10	\$145.10	\$0.00	\$0.00
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERW	\$435.30	\$435.30	\$0.00	\$0.00
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR V	\$290.20	\$290.20	\$0.00	\$0.00
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	\$148.35	\$145.10	\$0.00	\$0.00
00904	ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE	\$203.14	\$203.14	\$0.00	\$0.00
00906	ANESTHESIA FOR; VULVECTOMY	\$116.08	\$116.08	\$0.00	\$0.00
00908	ANESTHESIA FOR; PERINEAL PROSTATECTOMY	\$174.12	\$174.12	\$0.00	\$0.00
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$87.06	\$87.06	\$0.00	\$0.00
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$145.10	\$145.10	\$0.00	\$0.00
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$145.10	\$145.10	\$0.00	\$0.00
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$145.10	\$145.10	\$0.00	\$0.00
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$145.10	\$145.10	\$0.00	\$0.00
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$87.06	\$87.06	\$0.00	\$0.00
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$87.06	\$87.06	\$0.00	\$0.00
00922	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$174.12	\$174.12	\$0.00	\$0.00
00924	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$116.08	\$116.08	\$0.00	\$0.00
00926	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$116.08	\$116.08	\$0.00	\$0.00
00928	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$174.12	\$174.12	\$0.00	\$0.00
00930	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$116.08	\$116.08	\$0.00	\$0.00
00932	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$116.08	\$116.08	\$0.00	\$0.00

00934	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$174.12	\$174.12	\$0.00	\$0.00
00936	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$232.16	\$232.16	\$0.00	\$0.00
00938	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$116.08	\$116.08	\$0.00	\$0.00
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA,	\$87.06	\$87.06	\$0.00	\$0.00
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA,	\$116.08	\$116.08	\$0.00	\$0.00
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA,	\$174.12	\$174.12	\$0.00	\$0.00
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA,	\$116.08	\$116.08	\$0.00	\$0.00
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA,	\$145.10	\$145.10	\$0.00	\$0.00
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA,	\$116.08	\$116.08	\$0.00	\$0.00
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTE	\$145.10	\$145.10	\$0.00	\$0.00
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	\$174.12	\$174.12	\$0.00	\$0.00
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	\$87.06	\$87.06	\$0.00	\$0.00
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	\$435.30	\$435.30	\$0.00	\$0.00
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUAR	\$290.20	\$290.20	\$0.00	\$0.00
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILI	\$116.08	\$116.08	\$0.00	\$0.00
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC	\$232.16	\$232.16	\$0.00	\$0.00
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN	\$215.61	\$215.61	\$0.00	\$0.00
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	\$87.06	\$87.06	\$0.00	\$0.00
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	\$116.08	\$118.68	\$0.00	\$0.00
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	\$116.08	\$116.08	\$0.00	\$0.00
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	\$116.08	\$116.08	\$0.00	\$0.00
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPEC	\$174.12	\$174.12	\$0.00	\$0.00

01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATIO	\$290.20	\$290.20	\$0.00	\$0.00
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPL	\$232.16	\$232.16	\$0.00	\$0.00
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL	\$290.20	\$296.70	\$0.00	\$0.00
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	\$116.08	\$116.08	\$0.00	\$0.00
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHER	\$174.12	\$174.12	\$0.00	\$0.00
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATIO	\$145.10	\$145.10	\$0.00	\$0.00
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL	\$232.16	\$232.16	\$0.00	\$0.00
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND	\$116.08	\$116.08	\$0.00	\$0.00
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING	\$87.06	\$87.06	\$0.00	\$0.00
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING B	\$232.16	\$232.16	\$0.00	\$0.00
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING B	\$116.08	\$116.08	\$0.00	\$0.00
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING B	\$174.12	\$174.12	\$0.00	\$0.00
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND	\$116.08	\$116.08	\$0.00	\$0.00
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	\$116.08	\$116.08	\$0.00	\$0.00
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	\$145.10	\$145.10	\$0.00	\$0.00
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	\$87.06	\$87.06	\$0.00	\$0.00
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	\$87.06	\$87.06	\$0.00	\$0.00
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, A	\$87.06	\$87.06	\$0.00	\$0.00
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND	\$116.08	\$116.08	\$0.00	\$0.00
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;	\$116.08	\$116.08	\$0.00	\$0.00

01402	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;	\$203.14	\$203.14	\$0.00	\$0.00
01404	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;	\$145.10	\$145.10	\$0.00	\$0.00
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNE	\$87.06	\$87.02	\$0.00	\$0.00
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT	\$87.06	\$87.06	\$0.00	\$0.00
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA;	\$174.12	\$174.12	\$0.00	\$0.00
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT	\$232.16	\$232.16	\$0.00	\$0.00
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPL	\$232.16	\$232.16	\$0.00	\$0.00
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPL	\$232.16	\$232.16	\$0.00	\$0.00
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	\$87.06	\$87.06	\$0.00	\$0.00
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	\$87.06	\$87.06	\$0.00	\$0.00
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF L	\$87.06	\$87.06	\$0.00	\$0.00
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF L	\$145.10	\$145.10	\$0.00	\$0.00
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF L	\$145.10	\$145.10	\$0.00	\$0.00
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;	\$87.06	\$87.06	\$0.00	\$0.00
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;	\$116.08	\$116.08	\$0.00	\$0.00
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;	\$116.08	\$116.08	\$0.00	\$0.00
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;	\$207.69	\$207.69	\$0.00	\$0.00
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	\$87.06	\$89.01	\$0.00	\$0.00
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS G	\$232.16	\$232.16	\$0.00	\$0.00
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS G	\$178.02	\$178.02	\$0.00	\$0.00

01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFI	\$87.06	\$87.06	\$0.00	\$0.00
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY,	\$145.10	\$145.10	\$0.00	\$0.00
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND	\$145.10	\$145.10	\$0.00	\$0.00
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER	\$116.08	\$116.08	\$0.00	\$0.00
01622	JOINT	\$116.08	\$116.08	\$0.00	\$0.00
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEA	\$145.10	\$145.10	\$0.00	\$0.00
01632	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEA	\$174.12	\$174.12	\$0.00	\$0.00
01634	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEA	\$261.18	\$261.18	\$0.00	\$0.00
01636	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEA	\$435.30	\$435.30	\$0.00	\$0.00
01638	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEA	\$290.20	\$290.20	\$0.00	\$0.00
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHE	\$174.12	\$174.12	\$0.00	\$0.00
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA;	\$290.20	\$290.20	\$0.00	\$0.00
01654	BYPASS G	\$232.16	\$232.16	\$0.00	\$0.00
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA;	\$290.20	\$290.20	\$0.00	\$0.00
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	\$116.08	\$116.08	\$0.00	\$0.00
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHER	\$87.06	\$87.06	\$0.00	\$0.00
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER	\$116.08	\$116.08	\$0.00	\$0.00
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BUR	\$87.06	\$87.06	\$0.00	\$0.00
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BUR	\$145.10	\$145.10	\$0.00	\$0.00
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BUR	\$145.10	\$148.35	\$0.00	\$0.00

01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BUR	\$145.10	\$145.10	\$0.00	\$0.00
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	\$87.06	\$87.06	\$0.00	\$0.00
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	\$87.06	\$87.06	\$0.00	\$0.00
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW;	\$116.08	\$116.08	\$0.00	\$0.00
01742	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW;	\$145.10	\$145.10	\$0.00	\$0.00
01744	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW;	\$145.10	\$145.10	\$0.00	\$0.00
01756	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW;	\$174.12	\$174.12	\$0.00	\$0.00
01758	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW;	\$145.10	\$145.10	\$0.00	\$0.00
01760	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW;	\$203.14	\$203.14	\$0.00	\$0.00
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHE	\$174.12	\$174.12	\$0.00	\$0.00
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECT	\$174.12	\$178.02	\$0.00	\$0.00
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWI	\$87.06	\$87.06	\$0.00	\$0.00
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAP	\$116.08	\$116.08	\$0.00	\$0.00
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND	\$87.06	\$87.06	\$0.00	\$0.00
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND B	\$87.06	\$87.06	\$0.00	\$0.00
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	\$87.06	\$87.06	\$0.00	\$0.00
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON	\$87.06	\$87.06	\$0.00	\$0.00
01832	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON	\$174.12	\$174.12	\$0.00	\$0.00
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT	\$174.12	\$174.12	\$0.00	\$0.00

01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND;	\$174.12	\$174.12	\$0.00	\$0.00
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYS	\$174.12	\$174.12	\$0.00	\$0.00
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT	\$87.06	\$87.06	\$0.00	\$0.00
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR	\$116.08	\$116.08	\$0.00	\$0.00
01860	R	\$87.06	\$87.06	\$0.00	\$0.00
01905	ANESTHESIA FOR MYELOGRAPHY, DISKOGRAPHY, VERTEBROPLASTY	\$145.10	\$145.10	\$0.00	\$0.00
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY	\$145.10	\$145.10	\$0.00	\$0.00
01920	ANGIOGRAPHY	\$203.14	\$203.14	\$0.00	\$0.00
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	\$203.14	\$203.14	\$0.00	\$0.00
01924	INVOLV ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	\$145.10	\$145.10	\$0.00	\$0.00
01925	INVOLV ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	\$203.14	\$203.14	\$0.00	\$0.00
01926	INVOLV ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	\$232.16	\$232.16	\$0.00	\$0.00
01930	INVOLV ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	\$145.10	\$145.10	\$0.00	\$0.00
01931	INVOLV ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	\$203.14	\$203.14	\$0.00	\$0.00
01932	INVOLV ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	\$174.12	\$174.12	\$0.00	\$0.00
01933	INVOLV ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR	\$203.14	\$203.14	\$0.00	\$0.00
01951	DEBRIDEMENT WI ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR	\$87.06	\$87.06	\$0.00	\$0.00
01952	DEBRIDEMENT WI ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR	\$145.10	\$145.10	\$0.00	\$0.00
01953	DEBRIDEMENT WI	\$29.02	\$29.02	\$0.00	\$0.00
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	\$59.34	\$59.34	\$0.00	\$0.00
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	\$200.00	\$200.00	\$0.00	\$0.00
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	\$320.00	\$320.00	\$0.00	\$0.00

01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY		\$232.16	\$232.16	\$0.00	\$0.00
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/		\$320.00	\$320.00	\$0.00	\$0.00
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES		\$116.08	\$116.08	\$0.00	\$0.00
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES		\$116.08	\$116.08	\$0.00	\$0.00
	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY					
01967	(THI		\$315.00	\$315.00	\$0.00	\$0.00
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR		\$20.00	\$20.00	\$0.00	\$0.00
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR		\$20.00	\$20.00	\$0.00	\$0.00
	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD					
01990	PATIE		\$203.14	\$203.14	\$0.00	\$0.00
	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND					
01991	INJECTIONS (		\$87.06	\$87.06	\$0.00	\$0.00
	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND					
01992	INJECTIONS (		\$145.10	\$145.10	\$0.00	\$0.00
	REGIONAL INTRAVENOUS ADMINISTRATION OF LOCAL ANESTHETIC AGENT OR					
01995	OTHER		\$145.10	\$145.10	\$0.00	\$0.00
	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS					
01996	DRUG		\$87.06	\$87.06	\$0.00	\$0.00
01999	UNLISTED ANESTHESIA PROCEDURE(S)	R	\$0.00	\$0.00	\$0.00	\$0.00
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE		\$65.38	\$65.38	\$12.88	\$52.50
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE		\$67.20	\$67.12	\$17.01	\$50.19
	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE					
10040	MIL		\$44.34	\$48.63	\$0.00	\$0.00
	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE					
10060	HIDRADENI		\$39.74	\$45.64	\$0.00	\$0.00
	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE					
10061	HIDRADENI		\$82.81	\$91.40	\$0.00	\$0.00
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE		\$55.46	\$62.16	\$0.00	\$0.00
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED		\$89.20	\$104.08	\$0.00	\$0.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE		\$42.30	\$48.47	\$0.00	\$0.00
	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;					
10121	COMPLICATE		\$93.79	\$107.20	\$0.00	\$0.00
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION		\$51.08	\$57.52	\$0.00	\$0.00
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST		\$40.06	\$45.15	\$0.00	\$0.00

10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF	\$97.09	\$97.09	\$0.00	\$0.00
11000	BOD DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH	\$33.04	\$38.40	\$0.00	\$0.00
11001	ADDITIONAL DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR	\$17.18	\$20.66	\$0.00	\$0.00
11004	NECROT DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR	\$422.77	\$422.77	\$0.00	\$0.00
11005	NECROT DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR	\$574.70	\$574.70	\$0.00	\$0.00
11006	NECROT REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR	\$531.05	\$531.05	\$0.00	\$0.00
11008	NECROTIZING DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH	\$215.69	\$215.69	\$0.00	\$0.00
11010	OPEN DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH	\$237.46	\$237.46	\$0.00	\$0.00
11011	OPEN DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH	\$283.02	\$283.02	\$0.00	\$0.00
11012	OPEN	\$393.35	\$393.35	\$0.00	\$0.00
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	\$21.01	\$26.37	\$0.00	\$0.00
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	\$33.03	\$40.54	\$0.00	\$0.00
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	\$43.53	\$52.24	\$0.00	\$0.00
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	\$110.51	\$110.51	\$0.00	\$0.00
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	\$154.45	\$154.45	\$0.00	\$0.00
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS)	\$14.74	\$14.74	\$0.00	\$0.00
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS)	\$20.76	\$20.76	\$0.00	\$0.00
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS)	\$22.12	\$22.12	\$0.00	\$0.00
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING	\$31.58	\$38.42	\$0.00	\$0.00
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING	\$16.41	\$20.30	\$0.00	\$0.00
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCATANEOUS TAGS, ANY AREA; UP TO AN	\$26.99	\$32.75	\$0.00	\$0.00

11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; EACH	\$10.40	\$12.68	\$0.00	\$0.00
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L	\$23.29	\$30.40	\$0.00	\$0.00
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L	\$35.39	\$44.37	\$0.00	\$0.00
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L	\$44.93	\$56.87	\$0.00	\$0.00
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L	\$58.76	\$76.99	\$0.00	\$0.00
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN	\$27.85	\$34.82	\$0.00	\$0.00
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN	\$40.27	\$49.79	\$0.00	\$0.00
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN	\$48.49	\$61.09	\$0.00	\$0.00
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN	\$64.28	\$83.06	\$0.00	\$0.00
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL	\$32.13	\$41.39	\$0.00	\$0.00
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL	\$44.15	\$55.55	\$0.00	\$0.00
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL	\$52.91	\$67.93	\$0.00	\$0.00
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL	\$71.16	\$91.15	\$0.00	\$0.00
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$33.56	\$40.67	\$0.00	\$0.00
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$47.71	\$56.69	\$0.00	\$0.00
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$59.90	\$71.83	\$0.00	\$0.00
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$73.72	\$89.41	\$0.00	\$0.00
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$85.73	\$104.23	\$0.00	\$0.00

11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$137.96	\$137.96	\$0.00	\$0.00
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$37.83	\$44.80	\$0.00	\$0.00
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$54.65	\$64.17	\$0.00	\$0.00
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$65.21	\$77.82	\$0.00	\$0.00
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$83.42	\$100.99	\$0.00	\$0.00
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$97.94	\$116.58	\$0.00	\$0.00
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$165.58	\$165.58	\$0.00	\$0.00
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE	\$42.99	\$52.24	\$0.00	\$0.00
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE	\$59.12	\$70.52	\$0.00	\$0.00
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE	\$71.10	\$86.12	\$0.00	\$0.00
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE	\$94.69	\$114.13	\$0.00	\$0.00
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE	\$122.00	\$141.72	\$0.00	\$0.00
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE	\$158.53	\$182.40	\$0.00	\$0.00
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; W	\$158.28	\$158.28	\$0.00	\$0.00
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; W	\$200.47	\$200.47	\$0.00	\$0.00
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W	\$142.64	\$142.64	\$0.00	\$0.00
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W	\$173.41	\$173.41	\$0.00	\$0.00
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL,	\$176.46	\$176.46	\$0.00	\$0.00

11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL,	\$202.65	\$202.65	\$0.00	\$0.00
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX	\$57.49	\$72.65	\$0.00	\$0.00
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX	\$76.72	\$95.36	\$0.00	\$0.00
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX	\$88.16	\$112.56	\$0.00	\$0.00
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX	\$102.77	\$132.94	\$0.00	\$0.00
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX	\$115.29	\$150.03	\$0.00	\$0.00
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX	\$194.50	\$194.50	\$0.00	\$0.00
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET	\$58.74	\$76.71	\$0.00	\$0.00
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET	\$83.70	\$107.17	\$0.00	\$0.00
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET	\$101.32	\$130.82	\$0.00	\$0.00
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET	\$125.18	\$159.78	\$0.00	\$0.00
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET	\$150.01	\$193.05	\$0.00	\$0.00
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET	\$227.10	\$227.10	\$0.00	\$0.00
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS	\$69.20	\$91.33	\$0.00	\$0.00
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS	\$102.53	\$130.56	\$0.00	\$0.00
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS	\$124.56	\$159.03	\$0.00	\$0.00
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS	\$148.41	\$188.77	\$0.00	\$0.00
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS	\$187.14	\$234.21	\$0.00	\$0.00

11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS		\$302.11	\$302.11	\$0.00	\$0.00
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER		\$9.61	\$9.61	\$0.00	\$0.00
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE		\$18.20	\$18.20	\$0.00	\$0.00
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE		\$30.70	\$30.70	\$0.00	\$0.00
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE		\$40.17	\$46.20	\$0.00	\$0.00
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL N		\$14.99	\$18.34	\$0.00	\$0.00
11740	EVACUATION OF SUBUNGUAL HEMATOMA		\$17.06	\$22.29	\$0.00	\$0.00
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR		\$81.49	\$109.65	\$0.00	\$0.00
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR		\$116.11	\$153.93	\$0.00	\$0.00
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND		\$67.91	\$67.91	\$0.00	\$0.00
11760	REPAIR OF NAIL BED		\$59.55	\$72.03	\$0.00	\$0.00
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT		\$123.63	\$158.10	\$0.00	\$0.00
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)		\$26.83	\$33.67	\$0.00	\$0.00
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE		\$157.43	\$157.43	\$0.00	\$0.00
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE		\$294.71	\$294.71	\$0.00	\$0.00
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED		\$340.45	\$340.45	\$0.00	\$0.00
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS		\$19.10	\$22.45	\$0.00	\$0.00
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS		\$29.70	\$35.20	\$0.00	\$0.00
11954	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 C	R	\$88.88	\$88.88	\$0.00	\$0.00
	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING					
11960	SUBSE	R	\$420.53	\$420.53	\$0.00	\$0.00
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	R	\$462.51	\$462.51	\$0.00	\$0.00
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS		\$125.92	\$125.92	\$0.00	\$0.00
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES		\$77.93	\$520.06	\$0.00	\$0.00
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES		\$93.85	\$93.85	\$0.00	\$0.00
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES		\$173.50	\$584.13	\$0.00	\$0.00
	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF					
11980	ESTRADIOL AN		\$51.38	\$74.97	\$0.00	\$0.00
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT		\$61.32	\$86.88	\$0.00	\$0.00
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT		\$73.80	\$99.36	\$0.00	\$0.00

11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$136.79	\$162.35	\$0.00	\$0.00
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$64.92	\$64.92	\$0.00	\$0.00
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$76.00	\$76.00	\$0.00	\$0.00
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$97.27	\$97.27	\$0.00	\$0.00
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$125.29	\$125.29	\$0.00	\$0.00
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$158.58	\$158.58	\$0.00	\$0.00
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$172.32	\$172.32	\$0.00	\$0.00
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	\$71.48	\$71.48	\$0.00	\$0.00
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	\$86.50	\$86.50	\$0.00	\$0.00
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	\$105.07	\$105.07	\$0.00	\$0.00
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	\$138.99	\$138.99	\$0.00	\$0.00
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	\$179.09	\$179.09	\$0.00	\$0.00
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	\$234.40	\$234.40	\$0.00	\$0.00
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	\$310.60	\$310.60	\$0.00	\$0.00
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	\$111.70	\$111.70	\$0.00	\$0.00
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	\$63.51	\$71.83	\$0.00	\$0.00
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES	\$72.98	\$82.63	\$0.00	\$0.00
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES	\$87.52	\$101.60	\$0.00	\$0.00
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES	\$127.29	\$127.29	\$0.00	\$0.00

12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES	\$156.27	\$156.27	\$0.00	\$0.00
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES	\$188.59	\$188.59	\$0.00	\$0.00
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES	\$230.11	\$230.11	\$0.00	\$0.00
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA	\$81.29	\$92.55	\$0.00	\$0.00
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA	\$97.54	\$113.23	\$0.00	\$0.00
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA	\$138.25	\$138.25	\$0.00	\$0.00
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA	\$168.06	\$168.06	\$0.00	\$0.00
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA	\$207.87	\$207.87	\$0.00	\$0.00
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA	\$256.41	\$256.41	\$0.00	\$0.00
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO	\$86.99	\$100.53	\$0.00	\$0.00
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO	\$102.93	\$122.64	\$0.00	\$0.00
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO	\$141.42	\$141.42	\$0.00	\$0.00
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO	\$175.87	\$175.87	\$0.00	\$0.00
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO	\$224.42	\$224.42	\$0.00	\$0.00
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO	\$292.06	\$292.06	\$0.00	\$0.00
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO	\$334.48	\$334.48	\$0.00	\$0.00
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	\$108.53	\$123.82	\$0.00	\$0.00
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	\$146.56	\$174.45	\$0.00	\$0.00
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY	\$56.01	\$56.01	\$0.00	\$0.00
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	\$117.60	\$135.71	\$0.00	\$0.00

13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	\$169.15	\$204.69	\$0.00	\$0.00
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LES	\$65.12	\$65.12	\$0.00	\$0.00
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL	\$141.89	\$168.44	\$0.00	\$0.00
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL	\$195.52	\$256.80	\$0.00	\$0.00
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL	\$96.50	\$96.50	\$0.00	\$0.00
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	\$163.13	\$163.13	\$0.00	\$0.00
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	\$170.47	\$203.33	\$0.00	\$0.00
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	\$269.60	\$338.40	\$0.00	\$0.00
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM	\$106.06	\$106.06	\$0.00	\$0.00
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLI	\$383.05	\$383.05	\$0.00	\$0.00
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR L	\$214.30	\$260.03	\$0.00	\$0.00
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO	\$374.16	\$374.16	\$0.00	\$0.00
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DE	\$321.74	\$321.74	\$0.00	\$0.00
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DE	\$464.35	\$464.35	\$0.00	\$0.00
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOU	\$317.27	\$408.06	\$0.00	\$0.00
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOU	\$445.61	\$551.29	\$0.00	\$0.00
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR	\$469.36	\$469.36	\$0.00	\$0.00
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR	\$506.64	\$647.32	\$0.00	\$0.00
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL R	\$663.80	\$663.80	\$0.00	\$0.00
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$453.88	\$453.88	\$0.00	\$0.00

15000	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN	\$136.88	\$136.88	\$0.00	\$0.00
15001	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN	\$51.04	\$51.30	\$0.00	\$0.00
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$94.39	\$182.17	\$0.00	\$0.00
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, O	\$169.74	\$169.74	\$0.00	\$0.00
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS,	\$379.61	\$379.61	\$0.00	\$0.00
15101	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ C	\$101.14	\$101.14	\$0.00	\$0.00
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ON	\$494.92	\$588.82	\$0.00	\$0.00
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR	\$81.78	\$94.54	\$0.00	\$0.00
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$508.90	\$556.87	\$0.00	\$0.00
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$111.30	\$123.04	\$0.00	\$0.00
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$453.31	\$453.31	\$0.00	\$0.00
15121	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$169.28	\$169.28	\$0.00	\$0.00
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE	\$485.17	\$295.10	\$0.00	\$0.00
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EAC	\$66.27	\$77.25	\$0.00	\$0.00
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$551.35	\$596.00	\$0.00	\$0.00
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$66.78	\$72.39	\$0.00	\$0.00
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM	\$439.14	\$490.68	\$0.00	\$0.00
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 S	\$88.28	\$100.02	\$0.00	\$0.00
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONA	\$110.29	\$123.05	\$0.00	\$0.00

15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK	\$472.33	\$494.27	\$0.00	\$0.00
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK	\$122.56	\$130.72	\$0.00	\$0.00
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK	\$133.56	\$144.53	\$0.00	\$0.00
15170	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LE	\$223.07	\$260.58	\$0.00	\$0.00
15171	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 S	\$66.73	\$68.26	\$0.00	\$0.00
15175	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$331.25	\$367.74	\$0.00	\$0.00
15176	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$105.46	\$108.53	\$0.00	\$0.00
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TR	\$346.44	\$346.44	\$0.00	\$0.00
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TR	\$95.94	\$95.94	\$0.00	\$0.00
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SC	\$368.20	\$368.20	\$0.00	\$0.00
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SC	\$89.72	\$89.72	\$0.00	\$0.00
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE,	\$432.19	\$432.19	\$0.00	\$0.00
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE,	\$132.51	\$132.51	\$0.00	\$0.00
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NO	\$504.67	\$504.67	\$0.00	\$0.00
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NO	\$156.46	\$156.46	\$0.00	\$0.00
15300	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 1	\$188.23	\$212.98	\$0.00	\$0.00
15320	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT	\$219.28	\$247.10	\$0.00	\$0.00
15321	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT	\$65.00	\$67.55	\$0.00	\$0.00

15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS	\$187.98	\$212.73	\$0.00	\$0.00
15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ	\$43.50	\$45.03	\$0.00	\$0.00
15335	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$210.28	\$236.56	\$0.00	\$0.00
15336	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$62.15	\$65.21	\$0.00	\$0.00
15340	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	\$191.42	\$223.31	\$0.00	\$0.00
15341	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	\$21.49	\$31.95	\$0.00	\$0.00
15361	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; EACH ADDITIONAL 100 SQ	\$49.48	\$52.55	\$0.00	\$0.00
15365	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS,	\$216.70	\$251.40	\$0.00	\$0.00
15366	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS,	\$62.22	\$65.29	\$0.00	\$0.00
15400	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; TRUNK, ARMS,	\$176.64	\$176.64	\$0.00	\$0.00
15401	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; EACH	\$45.64	\$45.64	\$0.00	\$0.00
15420	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP,	\$243.95	\$269.21	\$0.00	\$0.00
15421	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP,	\$65.76	\$83.63	\$0.00	\$0.00
15430	ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	\$356.87	\$364.27	\$0.00	\$0.00
15431	ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITI	\$0.00	\$0.00	\$0.00	\$0.00
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER;	\$308.10	\$308.10	\$0.00	\$0.00
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER;	\$301.00	\$301.00	\$0.00	\$0.00
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER;	\$298.15	\$298.15	\$0.00	\$0.00
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER;	\$223.56	\$223.56	\$0.00	\$0.00

15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK		\$138.59	\$138.59	\$0.00	\$0.00
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, AR		\$159.93	\$159.93	\$0.00	\$0.00
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD,		\$192.10	\$192.10	\$0.00	\$0.00
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS,		\$214.02	\$214.02	\$0.00	\$0.00
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WAL		\$252.45	\$252.45	\$0.00	\$0.00
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG,		\$854.33	\$854.33	\$0.00	\$0.00
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK		\$1,073.37	\$1,073.37	\$0.00	\$0.00
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY		\$955.95	\$955.95	\$0.00	\$0.00
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY		\$721.17	\$721.17	\$0.00	\$0.00
15740	FLAP; ISLAND PEDICLE		\$595.34	\$595.34	\$0.00	\$0.00
15750	FLAP; NEUROVASCULAR PEDICLE		\$681.45	\$681.45	\$0.00	\$0.00
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS		\$1,862.68	\$1,862.68	\$0.00	\$0.00
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS		\$1,862.68	\$1,862.68	\$0.00	\$0.00
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS		\$1,862.68	\$1,862.68	\$0.00	\$0.00
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA),		\$465.47	\$465.47	\$0.00	\$0.00
15770	GRAFT; DERMA-FAT-FASCIA		\$424.18	\$424.18	\$0.00	\$0.00
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTI	R	\$221.16	\$241.68	\$0.00	\$0.00
15781	DERMABRASION; SEGMENTAL, FACE	R	\$197.07	\$247.63	\$0.00	\$0.00
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	R	\$142.07	\$158.03	\$0.00	\$0.00
15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	R	\$151.50	\$176.31	\$0.00	\$0.00
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)		\$67.87	\$76.19	\$0.00	\$0.00
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADD		\$13.50	\$16.58	\$0.00	\$0.00
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL		\$100.13	\$100.13	\$0.00	\$0.00
15789	CHEMICAL PEEL, FACIAL; DERMAL		\$180.23	\$180.23	\$0.00	\$0.00
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL		\$65.39	\$65.39	\$0.00	\$0.00
15793	CHEMICAL PEEL, NONFACIAL; DERMAL		\$117.62	\$117.62	\$0.00	\$0.00
15819	CERVICOPLASTY		\$496.26	\$496.26	\$0.00	\$0.00

15820	BLEPHAROPLASTY, LOWER EYELID;	R	\$321.09	\$321.09	\$0.00	\$0.00
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	R	\$358.36	\$358.36	\$0.00	\$0.00
15822	BLEPHAROPLASTY, UPPER EYELID;	R	\$285.62	\$285.62	\$0.00	\$0.00
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	R	\$416.75	\$416.75	\$0.00	\$0.00
15824	RHYTIDECTOMY; FOREHEAD	R	\$504.16	\$504.16	\$0.00	\$0.00
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)	R	\$735.05	\$735.05	\$0.00	\$0.00
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	R	\$448.87	\$448.87	\$0.00	\$0.00
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	R	\$821.68	\$821.68	\$0.00	\$0.00
15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	R	\$895.01	\$895.01	\$0.00	\$0.00
15831	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$654.91	\$654.91	\$0.00	\$0.00
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$576.57	\$576.57	\$0.00	\$0.00
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$488.07	\$488.07	\$0.00	\$0.00
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$520.36	\$520.36	\$0.00	\$0.00
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$539.59	\$539.59	\$0.00	\$0.00
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$441.40	\$441.40	\$0.00	\$0.00
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$417.88	\$417.88	\$0.00	\$0.00
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$374.40	\$374.40	\$0.00	\$0.00
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	\$338.37	\$338.37	\$0.00	\$0.00
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINI		\$831.97	\$831.97	\$0.00	\$0.00
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINI		\$1,151.32	\$1,151.32	\$0.00	\$0.00
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL		\$1,898.74	\$1,898.74	\$0.00	\$0.00
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER		\$812.98	\$812.98	\$0.00	\$0.00

15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON		\$33.52	\$33.52	\$0.00	\$0.00
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON		\$29.99	\$34.01	\$0.00	\$0.00
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LO		\$32.84	\$38.74	\$0.00	\$0.00
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW		\$99.50	\$99.50	\$0.00	\$0.00
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	R	\$144.85	\$144.85	\$0.00	\$0.00
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	R	\$144.85	\$144.85	\$0.00	\$0.00
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	R	\$144.85	\$144.85	\$0.00	\$0.00
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	R	\$144.85	\$144.85	\$0.00	\$0.00
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SU		\$310.70	\$310.70	\$0.00	\$0.00
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSU		\$458.39	\$458.39	\$0.00	\$0.00
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;		\$330.52	\$330.52	\$0.00	\$0.00
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY		\$503.23	\$503.23	\$0.00	\$0.00
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		\$571.06	\$571.06	\$0.00	\$0.00
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOM		\$739.57	\$739.57	\$0.00	\$0.00
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN		\$657.15	\$657.15	\$0.00	\$0.00
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN		\$807.05	\$807.05	\$0.00	\$0.00
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;		\$353.28	\$353.28	\$0.00	\$0.00
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY		\$520.71	\$520.71	\$0.00	\$0.00
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		\$591.31	\$591.31	\$0.00	\$0.00
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTO		\$681.75	\$681.75	\$0.00	\$0.00
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR M		\$1,105.54	\$1,105.54	\$0.00	\$0.00
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;		\$294.07	\$294.07	\$0.00	\$0.00
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTEC		\$524.40	\$524.40	\$0.00	\$0.00

15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		\$523.25	\$523.25	\$0.00	\$0.00
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH		\$623.21	\$623.21	\$0.00	\$0.00
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR		\$951.66	\$951.66	\$0.00	\$0.00
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR		\$975.57	\$975.57	\$0.00	\$0.00
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	R	\$0.00	\$0.00	\$0.00	\$0.00
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMEN		\$31.54	\$36.23	\$0.00	\$0.00
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR		\$28.76	\$33.32	\$0.00	\$0.00
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR		\$61.54	\$67.57	\$0.00	\$0.00
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR		\$76.93	\$76.93	\$0.00	\$0.00
16035	ESCHAROTOMY; INITIAL INCISION		\$191.61	\$191.61	\$0.00	\$0.00
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO		\$64.19	\$64.19	\$0.00	\$0.00
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		\$25.14	\$30.77	\$0.00	\$0.00
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		\$7.92	\$7.92	\$0.00	\$0.00
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		\$143.35	\$143.35	\$0.00	\$0.00
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER		\$163.48	\$189.36	\$0.00	\$0.00
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER		\$324.95	\$374.57	\$0.00	\$0.00
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER		\$651.15	\$651.15	\$0.00	\$0.00
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		\$22.23	\$27.60	\$0.00	\$0.00
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		\$43.22	\$43.22	\$0.00	\$0.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR		\$20.20	\$24.76	\$0.00	\$0.00

17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$42.82	\$57.97	\$0.00	\$0.00
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$54.42	\$73.06	\$0.00	\$0.00
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$73.19	\$97.60	\$0.00	\$0.00
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$86.34	\$116.51	\$0.00	\$0.00
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$96.51	\$131.25	\$0.00	\$0.00
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$120.81	\$162.52	\$0.00	\$0.00
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$58.15	\$76.12	\$0.00	\$0.00
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$69.61	\$93.08	\$0.00	\$0.00
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$84.59	\$114.10	\$0.00	\$0.00
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$99.36	\$133.96	\$0.00	\$0.00
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$125.36	\$168.41	\$0.00	\$0.00
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$150.56	\$196.29	\$0.00	\$0.00
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$58.64	\$80.77	\$0.00	\$0.00
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$81.41	\$109.44	\$0.00	\$0.00
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$98.45	\$132.91	\$0.00	\$0.00
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$123.17	\$163.54	\$0.00	\$0.00
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$147.82	\$194.89	\$0.00	\$0.00
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,	\$201.33	\$259.27	\$0.00	\$0.00

17304	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL G	\$284.46	\$338.37	\$0.00	\$0.00
17305	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL G	\$118.07	\$148.38	\$0.00	\$0.00
17306	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL G	\$105.08	\$123.85	\$0.00	\$0.00
17307	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL G	\$106.26	\$125.97	\$0.00	\$0.00
17310	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL G	\$29.86	\$31.61	\$0.00	\$0.00
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	\$25.66	\$29.42	\$0.00	\$0.00
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	\$45.19	\$48.81	\$0.00	\$0.00
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE R	\$0.00	\$0.00	\$0.00	\$0.00
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	\$31.45	\$36.54	\$0.00	\$0.00
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST	\$16.76	\$19.98	\$0.00	\$0.00
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$143.24	\$143.24	\$0.00	\$0.00
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING	\$59.01	\$59.01	\$0.00	\$0.00
19100	GUIDANC	\$49.01	\$57.59	\$0.00	\$0.00
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	\$165.54	\$165.54	\$0.00	\$0.00
19102	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	\$78.40	\$177.78	\$0.00	\$0.00
19103	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING	\$92.41	\$349.76	\$0.00	\$0.00
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS	\$200.15	\$200.15	\$0.00	\$0.00
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	\$174.56	\$174.56	\$0.00	\$0.00
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR,	\$234.39	\$234.39	\$0.00	\$0.00
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF	\$264.02	\$264.02	\$0.00	\$0.00
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF	\$132.40	\$132.40	\$0.00	\$0.00
19140	MASTECTOMY FOR GYNECOMASTIA	\$280.96	\$280.96	\$0.00	\$0.00
19160	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY,	\$327.29	\$327.29	\$0.00	\$0.00

19162	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY,		\$675.11	\$675.11	\$0.00	\$0.00
19180	MASTECTOMY, SIMPLE, COMPLETE		\$418.05	\$418.05	\$0.00	\$0.00
19182	MASTECTOMY, SUBCUTANEOUS		\$407.29	\$407.29	\$0.00	\$0.00
19200	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES		\$743.92	\$743.92	\$0.00	\$0.00
19220	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL		\$763.19	\$763.19	\$0.00	\$0.00
19240	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR		\$733.20	\$733.20	\$0.00	\$0.00
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS		\$568.89	\$568.89	\$0.00	\$0.00
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTI		\$942.37	\$942.37	\$0.00	\$0.00
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTI		\$971.48	\$971.48	\$0.00	\$0.00
19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH		\$50.77	\$50.77	\$0.00	\$0.00
19291	ADDIT		\$26.16	\$26.16	\$0.00	\$0.00
19295	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURI		\$24.51	\$67.62	\$0.00	\$0.00
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAS		\$156.07	\$1,316.50	\$0.00	\$0.00
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAS		\$71.77	\$71.77	\$0.00	\$0.00
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIP		\$250.65	\$1,264.92	\$0.00	\$0.00
19316	MASTOPEXY		\$698.93	\$698.93	\$0.00	\$0.00
19318	REDUCTION MAMMAPLASTY		\$783.95	\$783.95	\$0.00	\$0.00
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	R	\$267.38	\$267.38	\$0.00	\$0.00
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	R	\$421.12	\$421.12	\$0.00	\$0.00
19328	REMOVAL OF INTACT MAMMARY IMPLANT	R	\$274.70	\$274.70	\$0.00	\$0.00
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL		\$332.98	\$332.98	\$0.00	\$0.00
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTO	R	\$453.06	\$453.06	\$0.00	\$0.00
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY	R	\$651.49	\$651.49	\$0.00	\$0.00
19350	NIPPLE/AREOLA RECONSTRUCTION		\$464.34	\$464.34	\$0.00	\$0.00

19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER,	R	\$874.10	\$874.10	\$0.00	\$0.00
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT	R	\$1,157.11	\$1,157.11	\$0.00	\$0.00
19364	BREAST RECONSTRUCTION WITH FREE FLAP	R	\$1,344.26	\$1,344.26	\$0.00	\$0.00
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	R	\$1,099.33	\$1,099.33	\$0.00	\$0.00
	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS					
19367	MYOCUTANEOUS FL	R	\$1,359.87	\$1,359.87	\$0.00	\$0.00
	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS					
19368	MYOCUTANEOUS FL	R	\$1,548.26	\$1,548.26	\$0.00	\$0.00
	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS					
19369	MYOCUTANEOUS FL	R	\$1,475.78	\$1,475.78	\$0.00	\$0.00
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	R	\$417.12	\$417.12	\$0.00	\$0.00
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	R	\$508.98	\$508.98	\$0.00	\$0.00
19380	REVISION OF RECONSTRUCTED BREAST		\$508.91	\$508.91	\$0.00	\$0.00
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	R	\$113.32	\$113.32	\$0.00	\$0.00
19499	UNLISTED PROCEDURE, BREAST	R	\$250.00	\$325.00	\$0.00	\$0.00
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS);		\$67.63	\$79.03	\$0.00	\$0.00
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP		\$144.51	\$144.51	\$0.00	\$0.00
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK		\$440.26	\$440.26	\$0.00	\$0.00
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST		\$139.13	\$139.13	\$0.00	\$0.00
	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE);					
20102	ABDOMEN/FLANK/B		\$170.42	\$170.42	\$0.00	\$0.00
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY		\$229.30	\$229.30	\$0.00	\$0.00
	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE					
20150	GRA		\$743.56	\$743.56	\$0.00	\$0.00
20200	BIOPSY, MUSCLE; SUPERFICIAL		\$77.26	\$77.26	\$0.00	\$0.00
20205	BIOPSY, MUSCLE; DEEP		\$127.40	\$127.40	\$0.00	\$0.00
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE		\$58.20	\$58.20	\$0.00	\$0.00
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPIN		\$74.59	\$74.59	\$0.00	\$0.00
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)		\$125.78	\$125.78	\$0.00	\$0.00
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS,		\$144.88	\$144.88	\$0.00	\$0.00
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)		\$214.70	\$214.70	\$0.00	\$0.00

20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	\$290.31	\$290.31	\$0.00	\$0.00
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	\$330.41	\$330.41	\$0.00	\$0.00
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	\$40.43	\$45.25	\$0.00	\$0.00
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	\$30.83	\$30.83	\$0.00	\$0.00
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$64.28	\$73.81	\$0.00	\$0.00
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATE	\$162.61	\$162.61	\$0.00	\$0.00
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL	\$36.32	\$46.38	\$0.00	\$0.00
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLAN	\$31.93	\$53.93	\$0.00	\$0.00
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$36.32	\$46.38	\$0.00	\$0.00
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S	\$36.32	\$46.38	\$0.00	\$0.00
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCL	\$36.32	\$46.38	\$0.00	\$0.00
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR	\$26.88	\$33.19	\$0.00	\$0.00
20605	BUR	\$27.20	\$33.24	\$0.00	\$0.00
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	\$30.43	\$36.47	\$0.00	\$0.00
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$28.90	\$41.49	\$0.00	\$0.00
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$73.47	\$80.04	\$0.00	\$0.00
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUD	\$93.11	\$93.11	\$0.00	\$0.00
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDIN	\$120.60	\$120.60	\$0.00	\$0.00
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	\$243.55	\$243.55	\$0.00	\$0.00
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	\$362.42	\$362.42	\$0.00	\$0.00
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	\$286.12	\$286.12	\$0.00	\$0.00
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED	\$346.60	\$346.60	\$0.00	\$0.00
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	\$52.08	\$52.08	\$0.00	\$0.00
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARA	\$62.19	\$72.11	\$0.00	\$0.00

20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAI	\$197.08	\$197.08	\$0.00	\$0.00
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL,	\$215.55	\$215.55	\$0.00	\$0.00
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING	\$357.51	\$357.51	\$0.00	\$0.00
20693	ANESTHESI	\$236.03	\$236.03	\$0.00	\$0.00
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$191.50	\$191.50	\$0.00	\$0.00
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOI	\$2,322.48	\$2,322.48	\$0.00	\$0.00
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT	\$2,842.59	\$2,842.59	\$0.00	\$0.00
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS),	\$3,534.17	\$3,534.17	\$0.00	\$0.00
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOI	\$1,742.19	\$1,742.19	\$0.00	\$0.00
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT),	\$1,440.23	\$1,440.23	\$0.00	\$0.00
20824	COMP	\$1,742.19	\$1,742.19	\$0.00	\$0.00
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPLETE AMPUTA	\$1,480.85	\$1,480.85	\$0.00	\$0.00
20838	REPLANTATION, FOOT, COMPLETE AMPUTATION	\$2,322.48	\$2,322.48	\$0.00	\$0.00
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$233.63	\$233.63	\$0.00	\$0.00
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$349.98	\$349.98	\$0.00	\$0.00
20910	CARTILAGE GRAFT; COSTOCHONDRAL	\$170.97	\$170.97	\$0.00	\$0.00
20912	CARTILAGE GRAFT; NASAL SEPTUM	\$316.70	\$316.70	\$0.00	\$0.00
20920	FASCIA LATA GRAFT; BY STRIPPER	\$260.46	\$260.46	\$0.00	\$0.00
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	\$312.24	\$312.24	\$0.00	\$0.00
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$344.07	\$344.07	\$0.00	\$0.00
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	\$226.54	\$226.54	\$0.00	\$0.00
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	\$230.58	\$230.58	\$0.00	\$0.00
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	\$106.32	\$106.32	\$0.00	\$0.00
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCA	\$351.05	\$351.05	\$0.00	\$0.00

20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT);	\$163.91	\$163.91	\$0.00	\$0.00
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT);	\$177.29	\$177.29	\$0.00	\$0.00
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVIC	\$70.34	\$70.34	\$0.00	\$0.00
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	\$2,206.66	\$2,206.66	\$0.00	\$0.00
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$1,887.34	\$1,887.34	\$0.00	\$0.00
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$1,955.28	\$1,955.28	\$0.00	\$0.00
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CR	\$2,163.55	\$2,163.55	\$0.00	\$0.00
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN IL	\$2,470.78	\$2,470.78	\$0.00	\$0.00
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$2,420.39	\$2,420.39	\$0.00	\$0.00
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$2,439.05	\$2,439.05	\$0.00	\$0.00
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WIT	\$2,601.34	\$2,601.34	\$0.00	\$0.00
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	\$76.94	\$122.80	\$0.00	\$0.00
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	\$179.22	\$179.22	\$0.00	\$0.00
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOMA, METASTASIS)	\$11.61	\$11.61	\$0.00	\$0.00
20982	RADIOFREQUEN	\$303.62	\$2,957.32	\$0.00	\$0.00
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL R	\$0.00	\$0.00	\$0.00	\$0.00
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$563.11	\$563.11	\$0.00	\$0.00
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FA	\$341.93	\$341.93	\$0.00	\$0.00
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	\$212.35	\$267.87	\$0.00	\$0.00
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(	\$181.84	\$223.95	\$0.00	\$0.00
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS	\$354.30	\$478.09	\$0.00	\$0.00

	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION				
21030	A	\$258.85	\$303.77	\$0.00	\$0.00
21031	EXCISION OF TORUS MANDIBULARIS	\$116.11	\$165.46	\$0.00	\$0.00
21032	EXCISION OF MAXILLARY TORUS PALATINUS	\$185.84	\$237.87	\$0.00	\$0.00
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	\$652.22	\$652.22	\$0.00	\$0.00
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR	\$101.83	\$138.84	\$0.00	\$0.00
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$608.25	\$608.25	\$0.00	\$0.00
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	\$852.72	\$852.72	\$0.00	\$0.00
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL	\$668.15	\$668.15	\$0.00	\$0.00
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL	\$833.04	\$833.04	\$0.00	\$0.00
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL				
21048	OSTE	\$687.94	\$687.94	\$0.00	\$0.00
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL				
21049	OSTE	\$789.70	\$789.70	\$0.00	\$0.00
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$652.45	\$652.45	\$0.00	\$0.00
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT				
21060	(SEPARATE	\$616.66	\$616.66	\$0.00	\$0.00
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$427.35	\$427.35	\$0.00	\$0.00
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	\$1,041.93	\$1,416.50	\$0.00	\$0.00
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	\$1,170.47	\$1,591.30	\$0.00	\$0.00
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	\$1,066.67	\$1,450.09	\$0.00	\$0.00
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	\$972.98	\$1,322.74	\$0.00	\$0.00
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	\$900.10	\$1,223.71	\$0.00	\$0.00
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	\$419.52	\$570.39	\$0.00	\$0.00
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	\$1,162.15	\$1,579.90	\$0.00	\$0.00
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	\$1,162.15	\$1,579.90	\$0.00	\$0.00
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	\$1,162.15	\$1,579.90	\$0.00	\$0.00
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	\$0.00	\$0.00	\$0.00	\$0.00
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDE	\$149.65	\$149.65	\$0.00	\$0.00

21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN		\$232.94	\$307.10	\$0.00	\$0.00
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY		\$44.81	\$44.81	\$0.00	\$0.00
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)		\$245.88	\$245.88	\$0.00	\$0.00
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE		\$386.48	\$386.48	\$0.00	\$0.00
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE		\$425.75	\$425.75	\$0.00	\$0.00
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS		\$556.56	\$556.56	\$0.00	\$0.00
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL		\$322.24	\$322.24	\$0.00	\$0.00
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR		\$540.57	\$540.57	\$0.00	\$0.00
21137	REDUCTION FOREHEAD; CONTOURING ONLY	R	\$523.00	\$523.00	\$0.00	\$0.00
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL	R	\$650.09	\$650.09	\$0.00	\$0.00
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS W	R	\$746.42	\$746.42	\$0.00	\$0.00
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN AN	R	\$921.94	\$921.94	\$0.00	\$0.00
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY	R	\$956.18	\$956.18	\$0.00	\$0.00
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEME	R	\$994.02	\$994.02	\$0.00	\$0.00
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN AN	R	\$980.63	\$980.63	\$0.00	\$0.00
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY	R	\$1,014.86	\$1,014.86	\$0.00	\$0.00
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEME	R	\$1,052.71	\$1,052.71	\$0.00	\$0.00
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-CO	R	\$1,264.14	\$1,264.14	\$0.00	\$0.00
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFT	R	\$1,415.73	\$1,415.73	\$0.00	\$0.00
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING	R	\$1,516.22	\$1,516.22	\$0.00	\$0.00

21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING	R	\$1,718.85	\$1,718.85	\$0.00	\$0.00
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREH	R	\$2,123.01	\$2,123.01	\$0.00	\$0.00
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREH	R	\$2,325.11	\$2,325.11	\$0.00	\$0.00
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANC		\$1,389.65	\$1,389.65	\$0.00	\$0.00
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER		\$1,668.06	\$1,668.06	\$0.00	\$0.00
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIM		\$1,111.76	\$1,111.76	\$0.00	\$0.00
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIM		\$1,264.14	\$1,264.14	\$0.00	\$0.00
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIB		\$528.05	\$528.05	\$0.00	\$0.00
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX		\$1,590.04	\$1,590.04	\$0.00	\$0.00
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX		\$1,725.08	\$1,725.80	\$0.00	\$0.00
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX		\$1,920.97	\$1,920.97	\$0.00	\$0.00
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE		\$1,111.76	\$1,111.76	\$0.00	\$0.00
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEO	R	\$841.41	\$841.41	\$0.00	\$0.00
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEO	R	\$975.01	\$975.01	\$0.00	\$0.00
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT	R	\$843.39	\$843.39	\$0.00	\$0.00
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH	R	\$929.86	\$929.86	\$0.00	\$0.00
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	R	\$831.81	\$831.81	\$0.00	\$0.00
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT		\$757.27	\$757.27	\$0.00	\$0.00
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	R	\$692.92	\$692.92	\$0.00	\$0.00

21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR	R	\$608.54	\$608.54	\$0.00	\$0.00
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	R	\$325.86	\$325.86	\$0.00	\$0.00
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING					
21215	GRAFT		\$476.02	\$640.17	\$0.00	\$0.00
	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)		\$502.86	\$675.73	\$0.00	\$0.00
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES		\$614.70	\$614.70	\$0.00	\$0.00
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING					
	G		\$426.41	\$426.41	\$0.00	\$0.00
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT		\$884.99	\$884.99	\$0.00	\$0.00
21242	(INCL		\$826.81	\$826.81	\$0.00	\$0.00
	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT					
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT		\$984.00	\$984.00	\$0.00	\$0.00
	REPLACEME					
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE		\$752.36	\$752.36	\$0.00	\$0.00
	(EG					
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT;		\$664.60	\$664.60	\$0.00	\$0.00
	PARTIAL					
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT;		\$603.96	\$603.96	\$0.00	\$0.00
	COMPLETE					
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE		\$1,402.11	\$1,402.11	\$0.00	\$0.00
	AUTOGRAFT					
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE,		\$557.82	\$747.98	\$0.00	\$0.00
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE,		\$892.10	\$1,201.89	\$0.00	\$0.00
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND					
	CARTI		\$1,035.90	\$1,035.90	\$0.00	\$0.00
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH		\$1,002.85	\$1,002.85	\$0.00	\$0.00
	BONE					
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE		\$1,023.40	\$1,023.40	\$0.00	\$0.00
	GRAFTS;					
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE		\$1,380.57	\$1,380.57	\$0.00	\$0.00
	GRAFTS;					
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE		\$1,760.80	\$1,760.80	\$0.00	\$0.00
	GRAFTS; W					

21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE	\$961.83	\$961.83	\$0.00	\$0.00
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE	\$1,159.15	\$1,159.15	\$0.00	\$0.00
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$646.81	\$646.81	\$0.00	\$0.00
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$578.78	\$578.78	\$0.00	\$0.00
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$373.17	\$373.17	\$0.00	\$0.00
21282	LATERAL CANTHOPEXY	\$236.09	\$236.09	\$0.00	\$0.00
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN	\$70.87	\$70.87	\$0.00	\$0.00
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN	\$218.93	\$218.93	\$0.00	\$0.00
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE R	\$0.00	\$0.00	\$0.00	\$0.00
21300	CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION	\$48.48	\$48.48	\$0.00	\$0.00
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	\$39.32	\$39.32	\$0.00	\$0.00
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	\$95.02	\$95.02	\$0.00	\$0.00
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	\$124.16	\$124.16	\$0.00	\$0.00
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	\$225.63	\$225.63	\$0.00	\$0.00
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT	\$341.50	\$341.50	\$0.00	\$0.00
21335	OF OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT	\$550.66	\$550.66	\$0.00	\$0.00
21336	STABILIZATION CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT	\$279.32	\$279.32	\$0.00	\$0.00
21337	STABILIZATI	\$158.82	\$158.82	\$0.00	\$0.00
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	\$327.65	\$327.65	\$0.00	\$0.00
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH	\$429.01	\$429.01	\$0.00	\$0.00
21340	SPLINT, W	\$559.74	\$559.74	\$0.00	\$0.00
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING	\$627.26	\$627.26	\$0.00	\$0.00
21344	POSTERIOR W CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE),	\$813.00	\$813.00	\$0.00	\$0.00
21345	W	\$455.47	\$455.47	\$0.00	\$0.00

21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WIT	\$568.48	\$568.48	\$0.00	\$0.00
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE);	\$658.94	\$658.94	\$0.00	\$0.00
21348	WIT	\$815.86	\$815.86	\$0.00	\$0.00
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC	\$149.26	\$149.26	\$0.00	\$0.00
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPRO	\$268.52	\$268.52	\$0.00	\$0.00
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH A	\$394.12	\$394.12	\$0.00	\$0.00
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NER	\$780.79	\$780.79	\$0.00	\$0.00
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NER	\$868.75	\$868.75	\$0.00	\$0.00
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRAL APPROACH	\$535.86	\$535.86	\$0.00	\$0.00
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH	\$524.83	\$524.83	\$0.00	\$0.00
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH	\$489.30	\$489.30	\$0.00	\$0.00
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH	\$630.08	\$630.08	\$0.00	\$0.00
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH	\$639.31	\$639.31	\$0.00	\$0.00
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPUL	\$87.36	\$87.36	\$0.00	\$0.00
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATI	\$166.47	\$166.47	\$0.00	\$0.00
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT	\$349.92	\$349.92	\$0.00	\$0.00
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BONE	\$445.34	\$445.34	\$0.00	\$0.00
21408	GRAFTIN	\$591.28	\$591.28	\$0.00	\$0.00

21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WIT	\$320.60	\$320.60	\$0.00	\$0.00
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	\$520.06	\$520.06	\$0.00	\$0.00
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	\$576.99	\$576.99	\$0.00	\$0.00
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING	\$372.09	\$372.09	\$0.00	\$0.00
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRI	\$437.94	\$437.94	\$0.00	\$0.00
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT	\$1,227.90	\$1,227.90	\$0.00	\$0.00
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT	\$874.09	\$874.09	\$0.00	\$0.00
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT	\$1,212.58	\$1,212.58	\$0.00	\$0.00
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE	\$163.09	\$163.09	\$0.00	\$0.00
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEP	\$325.09	\$325.09	\$0.00	\$0.00
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	\$164.07	\$164.07	\$0.00	\$0.00
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	\$307.87	\$307.87	\$0.00	\$0.00
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	\$95.70	\$95.70	\$0.00	\$0.00
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	\$343.46	\$343.46	\$0.00	\$0.00
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	\$431.41	\$431.41	\$0.00	\$0.00
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	\$512.79	\$512.79	\$0.00	\$0.00
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	\$615.14	\$615.14	\$0.00	\$0.00
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$577.03	\$577.03	\$0.00	\$0.00
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL	\$918.12	\$918.12	\$0.00	\$0.00
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQU	\$41.01	\$41.01	\$0.00	\$0.00
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG,	\$143.68	\$173.05	\$0.00	\$0.00
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$507.01	\$507.01	\$0.00	\$0.00
21495	OPEN TREATMENT OF HYOID FRACTURE	\$297.78	\$297.78	\$0.00	\$0.00

21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE		\$221.65	\$221.65	\$0.00	\$0.00
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	R	\$132.50	\$172.25	\$0.00	\$0.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK		\$158.42	\$158.42	\$0.00	\$0.00
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK		\$320.39	\$320.39	\$0.00	\$0.00
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BIOPSY, SOFT TISSUE OF NECK OR THORAX		\$262.21	\$262.21	\$0.00	\$0.00
21550	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS		\$73.30	\$84.70	\$0.00	\$0.00
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF		\$169.01	\$169.01	\$0.00	\$0.00
21556	NE		\$272.41	\$272.41	\$0.00	\$0.00
21557	EXCISION OF RIB, PARTIAL		\$513.43	\$513.43	\$0.00	\$0.00
21600	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)		\$326.07	\$326.07	\$0.00	\$0.00
21610	EXCISION FIRST AND/OR CERVICAL RIB;		\$407.73	\$407.73	\$0.00	\$0.00
21615	EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY		\$584.30	\$584.30	\$0.00	\$0.00
21616	OSTECTOMY OF STERNUM, PARTIAL		\$557.18	\$557.18	\$0.00	\$0.00
21620	STERNAL DEBRIDEMENT		\$390.85	\$390.85	\$0.00	\$0.00
21627	STERNAL DEBRIDEMENT		\$334.61	\$334.61	\$0.00	\$0.00
21627	STERNAL DEBRIDEMENT		\$334.61	\$334.61	\$0.00	\$0.00
21630	RADICAL RESECTION OF STERNUM;		\$866.80	\$866.80	\$0.00	\$0.00
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY		\$851.16	\$851.16	\$0.00	\$0.00
21685	HYOID MYOTOMY AND SUSPENSION		\$673.66	\$673.66	\$0.00	\$0.00
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB		\$295.09	\$295.09	\$0.00	\$0.00
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB		\$418.39	\$418.39	\$0.00	\$0.00
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHO		\$275.26	\$275.26	\$0.00	\$0.00
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH		\$340.00	\$340.00	\$0.00	\$0.00
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN		\$733.46	\$733.46	\$0.00	\$0.00
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVA		\$653.30	\$653.30	\$0.00	\$0.00
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVA		\$0.00	\$859.84	\$0.00	\$0.00
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT		\$526.84	\$526.84	\$0.00	\$0.00
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH		\$49.06	\$49.06	\$0.00	\$0.00

21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH		\$117.22	\$117.22	\$0.00	\$0.00
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION (FLAIL CHEST)		\$407.44	\$407.44	\$0.00	\$0.00
21820	CLOSED TREATMENT OF STERNUM FRACTURE		\$75.82	\$75.82	\$0.00	\$0.00
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION		\$412.41	\$412.41	\$0.00	\$0.00
21899	UNLISTED PROCEDURE, NECK OR THORAX	R	\$0.00	\$0.00	\$0.00	\$0.00
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL		\$72.25	\$82.84	\$0.00	\$0.00
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP		\$184.20	\$184.20	\$0.00	\$0.00
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK		\$277.06	\$277.06	\$0.00	\$0.00
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BA		\$710.71	\$710.71	\$0.00	\$0.00
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR S		\$594.70	\$594.70	\$0.00	\$0.00
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS		\$496.96	\$496.96	\$0.00	\$0.00
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS		\$512.47	\$512.47	\$0.00	\$0.00
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS		\$401.07	\$401.07	\$0.00	\$0.00
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS		\$137.47	\$137.47	\$0.00	\$0.00
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT		\$640.65	\$640.65	\$0.00	\$0.00
22112	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT		\$645.24	\$645.24	\$0.00	\$0.00
22114	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT		\$562.98	\$562.98	\$0.00	\$0.00
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT		\$136.10	\$136.10	\$0.00	\$0.00
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA		\$1,090.52	\$1,090.52	\$0.00	\$0.00
22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA		\$1,064.81	\$1,064.81	\$0.00	\$0.00
22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA		\$1,002.69	\$1,002.69	\$0.00	\$0.00

22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA	\$334.85	\$334.85	\$0.00	\$0.00
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE	\$1,101.50	\$1,101.50	\$0.00	\$0.00
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE	\$994.71	\$994.71	\$0.00	\$0.00
22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE	\$1,049.65	\$1,049.65	\$0.00	\$0.00
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE	\$334.85	\$334.85	\$0.00	\$0.00
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	\$127.41	\$127.41	\$0.00	\$0.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION,	\$138.94	\$138.94	\$0.00	\$0.00
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIR	\$414.00	\$414.00	\$0.00	\$0.00
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR	\$1,087.92	\$1,087.92	\$0.00	\$0.00
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR	\$1,228.21	\$1,228.21	\$0.00	\$0.00
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR	\$760.14	\$760.14	\$0.00	\$0.00
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR	\$1,034.65	\$1,034.65	\$0.00	\$0.00
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR	\$1,000.18	\$1,000.18	\$0.00	\$0.00
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR	\$270.79	\$270.79	\$0.00	\$0.00
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	\$91.21	\$91.21	\$0.00	\$0.00
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATER	\$380.62	\$380.62	\$0.00	\$0.00
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATER	\$357.03	\$357.03	\$0.00	\$0.00
22522	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATER	\$124.81	\$124.81	\$0.00	\$0.00
22523	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTU	\$453.35	\$453.35	\$0.00	\$0.00
22524	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTU	\$434.31	\$434.31	\$0.00	\$0.00

22525	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTU	\$209.45	\$209.45	\$0.00	\$0.00
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC	\$1,187.65	\$1,187.65	\$0.00	\$0.00
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC	\$1,110.00	\$1,110.00	\$0.00	\$0.00
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC	\$281.33	\$281.33	\$0.00	\$0.00
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2	\$1,409.34	\$1,409.34	\$0.00	\$0.00
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM	\$1,122.76	\$1,122.76	\$0.00	\$0.00
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM	\$1,321.97	\$1,321.97	\$0.00	\$0.00
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM	\$1,245.80	\$1,245.80	\$0.00	\$0.00
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM	\$329.71	\$329.71	\$0.00	\$0.00
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	\$1,234.34	\$1,234.34	\$0.00	\$0.00
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	\$1,230.22	\$1,230.22	\$0.00	\$0.00
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERV	\$1,032.47	\$1,032.47	\$0.00	\$0.00
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THOR	\$975.13	\$975.13	\$0.00	\$0.00
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMB	\$1,225.89	\$1,225.89	\$0.00	\$0.00
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH	\$362.87	\$362.87	\$0.00	\$0.00
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/	\$1,158.89	\$1,158.89	\$0.00	\$0.00
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/	\$307.23	\$307.23	\$0.00	\$0.00
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP	\$1,164.44	\$1,164.44	\$0.00	\$0.00
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7	\$1,744.29	\$1,744.29	\$0.00	\$0.00

22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13		\$1,898.64	\$1,898.64	\$0.00	\$0.00
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 T		\$1,303.92	\$1,303.92	\$0.00	\$0.00
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 T		\$1,421.30	\$1,421.30	\$0.00	\$0.00
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 O		\$1,708.17	\$1,708.17	\$0.00	\$0.00
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBR		\$1,764.05	\$1,764.05	\$0.00	\$0.00
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBR		\$1,896.86	\$1,896.66	\$0.00	\$0.00
22830	EXPLORATION OF SPINAL FUSION		\$703.42	\$703.42	\$0.00	\$0.00
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE,		\$368.19	\$368.19	\$0.00	\$0.00
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES		\$218.05	\$218.05	\$0.00	\$0.00
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W		\$422.19	\$422.19	\$0.00	\$0.00
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W		\$526.56	\$526.56	\$0.00	\$0.00
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W		\$643.45	\$643.45	\$0.00	\$0.00
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS		\$350.96	\$350.96	\$0.00	\$0.00
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS		\$486.20	\$486.20	\$0.00	\$0.00
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS		\$540.18	\$540.18	\$0.00	\$0.00
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC		\$352.32	\$352.32	\$0.00	\$0.00
22849	REINSERTION OF SPINAL FIXATION DEVICE		\$740.65	\$740.65	\$0.00	\$0.00
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)		\$545.91	\$545.91	\$0.00	\$0.00
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC		\$394.07	\$394.07	\$0.00	\$0.00
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION		\$547.49	\$547.49	\$0.00	\$0.00
22855	REMOVAL OF ANTERIOR INSTRUMENTATION		\$497.49	\$497.49	\$0.00	\$0.00
22899	UNLISTED PROCEDURE, SPINE	R	\$500.00	\$650.00	\$0.00	\$0.00
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)		\$288.34	\$288.34	\$0.00	\$0.00
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	R	\$800.00	\$1,040.00	\$0.00	\$0.00

23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	\$219.22	\$219.22	\$0.00	\$0.00
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	\$463.57	\$463.57	\$0.00	\$0.00
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	\$86.85	\$93.56	\$0.00	\$0.00
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AR	\$420.98	\$420.98	\$0.00	\$0.00
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR RE	\$530.55	\$530.55	\$0.00	\$0.00
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING	\$401.81	\$401.81	\$0.00	\$0.00
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	\$85.62	\$85.62	\$0.00	\$0.00
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	\$151.75	\$151.75	\$0.00	\$0.00
23075	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS	\$120.77	\$120.77	\$0.00	\$0.00
23076	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR	\$319.67	\$319.67	\$0.00	\$0.00
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	\$661.36	\$661.36	\$0.00	\$0.00
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	\$388.45	\$388.45	\$0.00	\$0.00
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDI	\$361.45	\$361.45	\$0.00	\$0.00
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOP	\$534.96	\$534.96	\$0.00	\$0.00
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT	\$309.99	\$309.99	\$0.00	\$0.00
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOU	\$534.66	\$534.66	\$0.00	\$0.00
23120	CLAVICULECTOMY; PARTIAL	\$336.76	\$336.76	\$0.00	\$0.00
23125	CLAVICULECTOMY; TOTAL	\$519.74	\$519.74	\$0.00	\$0.00
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMI	\$425.13	\$425.13	\$0.00	\$0.00
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP	\$318.00	\$318.00	\$0.00	\$0.00
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP	\$500.97	\$500.97	\$0.00	\$0.00
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP	\$380.20	\$380.20	\$0.00	\$0.00
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS	\$431.52	\$431.52	\$0.00	\$0.00

23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS	\$550.43	\$550.43	\$0.00	\$0.00
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS	\$470.04	\$470.04	\$0.00	\$0.00
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	\$331.95	\$331.95	\$0.00	\$0.00
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	\$339.24	\$339.24	\$0.00	\$0.00
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD T	\$514.31	\$514.31	\$0.00	\$0.00
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$361.08	\$361.08	\$0.00	\$0.00
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$421.99	\$421.99	\$0.00	\$0.00
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$525.45	\$525.45	\$0.00	\$0.00
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$385.57	\$385.57	\$0.00	\$0.00
23195	RESECTION, HUMERAL HEAD	\$538.31	\$538.31	\$0.00	\$0.00
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE	\$600.82	\$600.82	\$0.00	\$0.00
23210	RADICAL RESECTION FOR TUMOR; SCAPULA	\$610.15	\$610.15	\$0.00	\$0.00
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	\$763.09	\$763.09	\$0.00	\$0.00
23221	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INC	\$1,002.88	\$1,002.88	\$0.00	\$0.00
23222	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC	\$947.03	\$947.03	\$0.00	\$0.00
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	\$61.90	\$69.27	\$0.00	\$0.00
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REM	\$272.03	\$272.03	\$0.00	\$0.00
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	\$609.61	\$609.61	\$0.00	\$0.00
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOUL	\$44.51	\$44.51	\$0.00	\$0.00
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	\$707.68	\$707.68	\$0.00	\$0.00
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	\$878.46	\$878.46	\$0.00	\$0.00
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	\$685.04	\$685.04	\$0.00	\$0.00
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$458.82	\$458.82	\$0.00	\$0.00

23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN;	\$593.91	\$593.91	\$0.00	\$0.00
23410	ACUT REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN;	\$685.14	\$685.14	\$0.00	\$0.00
23412	CHRO	\$783.46	\$783.46	\$0.00	\$0.00
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION,	\$438.16	\$438.16	\$0.00	\$0.00
23420	CHRONIC	\$820.33	\$820.33	\$0.00	\$0.00
23430	TENODESIS OF LONG TENDON OF BICEPS	\$506.31	\$506.31	\$0.00	\$0.00
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE	\$516.53	\$516.53	\$0.00	\$0.00
23450	OPERA CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART	\$768.61	\$768.61	\$0.00	\$0.00
23455	PROCEDURE)	\$883.62	\$883.62	\$0.00	\$0.00
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$861.99	\$861.99	\$0.00	\$0.00
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT	\$895.08	\$895.08	\$0.00	\$0.00
23465	BONE BL CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL	\$878.95	\$878.95	\$0.00	\$0.00
23466	INSTABI	\$908.78	\$908.78	\$0.00	\$0.00
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND	\$986.94	\$986.94	\$0.00	\$0.00
23472	PROXIMAL	\$1,143.49	\$1,143.49	\$0.00	\$0.00
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE	\$511.41	\$511.41	\$0.00	\$0.00
23485	GRAF	\$721.94	\$721.94	\$0.00	\$0.00
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR	\$619.00	\$619.00	\$0.00	\$0.00
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR	\$791.86	\$791.86	\$0.00	\$0.00
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$106.58	\$106.58	\$0.00	\$0.00
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR	\$182.04	\$182.04	\$0.00	\$0.00
23515	EXT	\$418.79	\$418.79	\$0.00	\$0.00

23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$101.20	\$101.20	\$0.00	\$0.00
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$159.44	\$159.44	\$0.00	\$0.00
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$404.59	\$404.59	\$0.00	\$0.00
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH	\$445.56	\$445.56	\$0.00	\$0.00
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$107.81	\$107.81	\$0.00	\$0.00
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$150.24	\$150.24	\$0.00	\$0.00
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$458.87	\$458.87	\$0.00	\$0.00
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WIT	\$453.72	\$453.72	\$0.00	\$0.00
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$113.29	\$113.29	\$0.00	\$0.00
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITH	\$198.06	\$198.06	\$0.00	\$0.00
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH O	\$484.65	\$484.65	\$0.00	\$0.00
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK)	\$168.93	\$168.93	\$0.00	\$0.00
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK)	\$279.95	\$279.95	\$0.00	\$0.00
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACT	\$576.68	\$576.68	\$0.00	\$0.00
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACT	\$1,268.03	\$1,268.03	\$0.00	\$0.00
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT	\$115.82	\$154.45	\$0.00	\$0.00
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	\$223.85	\$223.85	\$0.00	\$0.00
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT	\$472.76	\$472.76	\$0.00	\$0.00
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT	\$157.23	\$157.23	\$0.00	\$0.00

23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING	\$214.28	\$214.28	\$0.00	\$0.00
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$485.34	\$485.34	\$0.00	\$0.00
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUM	\$224.31	\$224.31	\$0.00	\$0.00
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMER	\$518.61	\$518.61	\$0.00	\$0.00
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL	\$284.56	\$284.56	\$0.00	\$0.00
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NE	\$653.04	\$653.04	\$0.00	\$0.00
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION O	\$136.80	\$136.80	\$0.00	\$0.00
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	\$893.30	\$893.30	\$0.00	\$0.00
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAIN	\$862.28	\$862.28	\$0.00	\$0.00
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	\$935.39	\$935.39	\$0.00	\$0.00
23920	DISARTICULATION OF SHOULDER;	\$832.27	\$832.27	\$0.00	\$0.00
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	\$280.11	\$280.11	\$0.00	\$0.00
23929	UNLISTED PROCEDURE, SHOULDER	\$0.00	\$0.00	\$0.00	\$0.00
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATO	\$130.59	\$130.59	\$0.00	\$0.00
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$60.56	\$70.62	\$0.00	\$0.00
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	\$307.90	\$307.90	\$0.00	\$0.00
24000	FORE	\$373.76	\$373.76	\$0.00	\$0.00
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE	\$475.23	\$475.23	\$0.00	\$0.00
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$72.59	\$83.19	\$0.00	\$0.00
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA;	\$227.90	\$227.90	\$0.00	\$0.00
24075	SUBCUTANEOUS	\$172.82	\$172.82	\$0.00	\$0.00
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASC	\$291.34	\$291.34	\$0.00	\$0.00

24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UP	\$636.09	\$636.09	\$0.00	\$0.00
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	\$267.26	\$267.26	\$0.00	\$0.00
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WIT	\$405.99	\$405.99	\$0.00	\$0.00
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	\$525.75	\$525.75	\$0.00	\$0.00
24105	EXCISION, OLECRANON BURSA	\$217.08	\$217.08	\$0.00	\$0.00
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH	\$443.66	\$443.66	\$0.00	\$0.00
24115	AUTO EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH	\$498.88	\$498.88	\$0.00	\$0.00
24116	ALLO EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH	\$623.02	\$623.02	\$0.00	\$0.00
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF	\$371.91	\$371.91	\$0.00	\$0.00
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF	\$387.26	\$387.26	\$0.00	\$0.00
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF	\$455.59	\$455.59	\$0.00	\$0.00
24130	EXCISION, RADIAL HEAD	\$381.37	\$381.37	\$0.00	\$0.00
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTA	\$526.72	\$526.72	\$0.00	\$0.00
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR	\$472.94	\$472.94	\$0.00	\$0.00
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROC	\$413.12	\$413.12	\$0.00	\$0.00
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$521.64	\$521.64	\$0.00	\$0.00
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$405.08	\$405.08	\$0.00	\$0.00
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$408.94	\$408.94	\$0.00	\$0.00
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW	\$757.93	\$757.93	\$0.00	\$0.00
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH	\$796.82	\$796.82	\$0.00	\$0.00
24151	AUTOGRAFT	\$852.10	\$852.10	\$0.00	\$0.00
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	\$489.63	\$489.63	\$0.00	\$0.00

24153	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; WITH AUTOGRAFT (INCL	\$643.18	\$643.18	\$0.00	\$0.00
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$656.14	\$656.14	\$0.00	\$0.00
24160	IMPLANT REMOVAL; ELBOW JOINT	\$367.28	\$367.28	\$0.00	\$0.00
24164	IMPLANT REMOVAL; RADIAL HEAD	\$340.09	\$340.09	\$0.00	\$0.00
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL	\$59.15	\$66.66	\$0.00	\$0.00
24201	OR	\$220.16	\$220.16	\$0.00	\$0.00
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$53.33	\$53.33	\$0.00	\$0.00
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE	\$261.85	\$261.85	\$0.00	\$0.00
24301	(EXCLU	\$528.76	\$528.76	\$0.00	\$0.00
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$299.76	\$299.76	\$0.00	\$0.00
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW	\$258.63	\$258.63	\$0.00	\$0.00
24320	TO	\$571.84	\$571.84	\$0.00	\$0.00
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$538.54	\$538.54	\$0.00	\$0.00
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR	\$592.55	\$592.55	\$0.00	\$0.00
24332	TENOLYSIS, TRICEPS	\$368.65	\$368.65	\$0.00	\$0.00
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE) REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR	\$437.64	\$437.64	\$0.00	\$0.00
24341	MUSCLE, REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR	\$419.10	\$419.10	\$0.00	\$0.00
24342	WITH	\$618.43	\$618.43	\$0.00	\$0.00
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON	\$483.35	\$483.35	\$0.00	\$0.00
24344	GRAFT	\$732.22	\$732.22	\$0.00	\$0.00
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON	\$483.35	\$483.35	\$0.00	\$0.00
24346	GRAFT	\$732.22	\$732.22	\$0.00	\$0.00
24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS);	\$278.41	\$278.41	\$0.00	\$0.00
24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WIT	\$308.45	\$308.45	\$0.00	\$0.00
24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WIT	\$355.38	\$355.38	\$0.00	\$0.00

24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WIT	\$354.95	\$354.95	\$0.00	\$0.00
24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WIT	\$411.44	\$411.44	\$0.00	\$0.00
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	\$808.77	\$808.77	\$0.00	\$0.00
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$796.91	\$796.91	\$0.00	\$0.00
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCT	\$618.50	\$794.72	\$0.00	\$0.00
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	\$1,225.00	\$1,225.00	\$0.00	\$0.00
24365	ARTHROPLASTY, RADIAL HEAD;	\$463.31	\$463.31	\$0.00	\$0.00
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$594.53	\$594.53	\$0.00	\$0.00
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$568.97	\$568.97	\$0.00	\$0.00
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL S	\$845.66	\$845.66	\$0.00	\$0.00
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$757.28	\$757.28	\$0.00	\$0.00
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSIO	\$809.82	\$809.82	\$0.00	\$0.00
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	\$845.40	\$845.40	\$0.00	\$0.00
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$488.16	\$488.16	\$0.00	\$0.00
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$403.67	\$403.67	\$0.00	\$0.00
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR	\$649.09	\$649.09	\$0.00	\$0.00
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$165.20	\$165.20	\$0.00	\$0.00
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR	\$279.68	\$279.68	\$0.00	\$0.00
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WI	\$616.68	\$616.68	\$0.00	\$0.00
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY	\$616.68	\$616.68	\$0.00	\$0.00

24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W	\$180.26	\$180.26	\$0.00	\$0.00
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W	\$340.07	\$340.07	\$0.00	\$0.00
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMER	\$504.35	\$504.35	\$0.00	\$0.00
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT	\$589.21	\$589.21	\$0.00	\$0.00
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT	\$736.23	\$736.23	\$0.00	\$0.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL;	\$142.11	\$142.11	\$0.00	\$0.00
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; W	\$258.83	\$258.83	\$0.00	\$0.00
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL	\$396.26	\$396.26	\$0.00	\$0.00
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WIT	\$529.87	\$529.87	\$0.00	\$0.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$144.01	\$144.01	\$0.00	\$0.00
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$282.03	\$282.03	\$0.00	\$0.00
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH O	\$575.68	\$575.68	\$0.00	\$0.00
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR	\$433.08	\$433.08	\$0.00	\$0.00
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELB	\$873.83	\$873.83	\$0.00	\$0.00
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELB	\$839.16	\$839.16	\$0.00	\$0.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$178.34	\$178.34	\$0.00	\$0.00
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$219.48	\$219.48	\$0.00	\$0.00
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$542.19	\$542.19	\$0.00	\$0.00
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW	\$309.49	\$309.49	\$0.00	\$0.00
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRA	\$704.35	\$704.35	\$0.00	\$0.00

24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW,	\$62.78	\$62.78	\$0.00	\$0.00
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$97.17	\$127.35	\$0.00	\$0.00
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$214.03	\$214.03	\$0.00	\$0.00
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERN	\$444.59	\$444.59	\$0.00	\$0.00
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERN	\$574.62	\$574.62	\$0.00	\$0.00
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS);	\$128.99	\$128.99	\$0.00	\$0.00
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS);	\$239.90	\$239.90	\$0.00	\$0.00
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WIT	\$502.59	\$502.59	\$0.00	\$0.00
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$637.15	\$637.15	\$0.00	\$0.00
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GR	\$750.35	\$750.35	\$0.00	\$0.00
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	\$496.82	\$496.82	\$0.00	\$0.00
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	\$465.76	\$465.76	\$0.00	\$0.00
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	\$380.36	\$380.36	\$0.00	\$0.00
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	\$523.13	\$523.13	\$0.00	\$0.00
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	\$687.92	\$687.92	\$0.00	\$0.00
24935	STUMP ELONGATION, UPPER EXTREMITY	\$843.56	\$843.56	\$0.00	\$0.00
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	\$1,079.77	\$1,079.77	\$0.00	\$0.00
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	\$0.00	\$0.00	\$0.00	\$0.00
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE)	\$214.64	\$214.64	\$0.00	\$0.00
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$219.51	\$219.51	\$0.00	\$0.00
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR	\$298.24	\$298.24	\$0.00	\$0.00
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR	\$515.01	\$515.01	\$0.00	\$0.00
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$514.28	\$514.28	\$0.00	\$0.00

25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$834.78	\$834.78	\$0.00	\$0.00
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$207.20	\$207.20	\$0.00	\$0.00
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$134.33	\$134.33	\$0.00	\$0.00
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS O	\$393.94	\$393.94	\$0.00	\$0.00
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE	\$368.45	\$368.45	\$0.00	\$0.00
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$82.38	\$92.43	\$0.00	\$0.00
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA;	\$160.21	\$160.21	\$0.00	\$0.00
25075	SUBCUTANEOU	\$173.66	\$173.66	\$0.00	\$0.00
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; DEEP (SUBFA	\$257.37	\$257.37	\$0.00	\$0.00
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FO	\$539.46	\$539.46	\$0.00	\$0.00
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	\$291.70	\$291.70	\$0.00	\$0.00
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	\$252.39	\$252.39	\$0.00	\$0.00
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPS	\$304.28	\$304.28	\$0.00	\$0.00
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	\$382.77	\$382.77	\$0.00	\$0.00
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR	\$336.08	\$336.08	\$0.00	\$0.00
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$197.49	\$197.49	\$0.00	\$0.00
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$194.80	\$194.80	\$0.00	\$0.00
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$244.34	\$244.34	\$0.00	\$0.00
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS	\$405.09	\$405.09	\$0.00	\$0.00
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS	\$441.64	\$441.64	\$0.00	\$0.00
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$286.47	\$286.47	\$0.00	\$0.00
25119	WITH	\$391.23	\$391.23	\$0.00	\$0.00
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA	\$370.11	\$370.11	\$0.00	\$0.00

25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA	\$415.90	\$415.90	\$0.00	\$0.00
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA	\$418.82	\$418.82	\$0.00	\$0.00
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$278.27	\$278.27	\$0.00	\$0.00
25135	WI	\$363.10	\$363.10	\$0.00	\$0.00
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$314.46	\$314.46	\$0.00	\$0.00
25145	WI	\$353.00	\$353.00	\$0.00	\$0.00
	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR				
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF B	\$398.61	\$398.61	\$0.00	\$0.00
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF B	\$380.31	\$380.31	\$0.00	\$0.00
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	\$605.92	\$605.92	\$0.00	\$0.00
25210	CARPECTOMY; ONE BONE	\$313.19	\$313.19	\$0.00	\$0.00
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	\$484.46	\$484.46	\$0.00	\$0.00
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$312.66	\$312.66	\$0.00	\$0.00
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED	\$307.13	\$307.13	\$0.00	\$0.00
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$57.17	\$57.17	\$0.00	\$0.00
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$213.01	\$213.01	\$0.00	\$0.00
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$358.28	\$358.28	\$0.00	\$0.00
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	\$521.50	\$521.50	\$0.00	\$0.00
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$259.01	\$259.01	\$0.00	\$0.00
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGL	\$357.69	\$357.69	\$0.00	\$0.00
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SIN	\$396.05	\$396.05	\$0.00	\$0.00
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WIT	\$526.90	\$526.90	\$0.00	\$0.00
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SIN	\$271.04	\$271.04	\$0.00	\$0.00

25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY,	\$303.46	\$303.46	\$0.00	\$0.00
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, W	\$452.68	\$452.68	\$0.00	\$0.00
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	\$466.73	\$466.73	\$0.00	\$0.00
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR	\$330.08	\$330.08	\$0.00	\$0.00
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGL	\$223.81	\$223.81	\$0.00	\$0.00
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EA	\$278.13	\$278.13	\$0.00	\$0.00
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$474.57	\$474.57	\$0.00	\$0.00
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$447.65	\$447.65	\$0.00	\$0.00
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR	\$445.30	\$445.30	\$0.00	\$0.00
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR	\$502.92	\$502.92	\$0.00	\$0.00
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FO	\$526.04	\$526.04	\$0.00	\$0.00
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FO	\$664.19	\$664.19	\$0.00	\$0.00
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAM	\$556.11	\$556.11	\$0.00	\$0.00
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT	\$624.59	\$624.59	\$0.00	\$0.00
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$699.29	\$699.29	\$0.00	\$0.00
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL	\$544.67	\$544.67	\$0.00	\$0.00
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$476.23	\$476.23	\$0.00	\$0.00
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$561.05	\$561.05	\$0.00	\$0.00
25360	OSTEOTOMY; ULNA	\$427.21	\$427.21	\$0.00	\$0.00
25365	OSTEOTOMY; RADIUS AND ULNA	\$655.95	\$655.95	\$0.00	\$0.00
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD	\$724.18	\$724.18	\$0.00	\$0.00
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD	\$740.06	\$740.06	\$0.00	\$0.00

25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$562.05	\$562.05	\$0.00	\$0.00
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$722.77	\$722.77	\$0.00	\$0.00
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$766.17	\$766.17	\$0.00	\$0.00
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$874.73	\$874.73	\$0.00	\$0.00
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$545.64	\$545.64	\$0.00	\$0.00
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT	\$633.90	\$633.90	\$0.00	\$0.00
25405	(INCLUD	\$777.76	\$777.76	\$0.00	\$0.00
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT	\$723.86	\$723.86	\$0.00	\$0.00
25420	(INCLU	\$899.81	\$899.81	\$0.00	\$0.00
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$732.87	\$732.87	\$0.00	\$0.00
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$803.92	\$803.92	\$0.00	\$0.00
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE) REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID	\$482.06	\$482.06	\$0.00	\$0.00
25431	(NAVICULA	\$480.17	\$480.17	\$0.00	\$0.00
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT	\$571.15	\$571.15	\$0.00	\$0.00
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$710.37	\$710.37	\$0.00	\$0.00
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$522.42	\$522.42	\$0.00	\$0.00
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	\$578.44	\$578.44	\$0.00	\$0.00
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$624.53	\$624.53	\$0.00	\$0.00
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$591.68	\$591.68	\$0.00	\$0.00
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR	\$1,072.90	\$1,072.90	\$0.00	\$0.00
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$586.06	\$586.06	\$0.00	\$0.00
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$642.82	\$642.82	\$0.00	\$0.00
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$450.05	\$450.05	\$0.00	\$0.00
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULN	\$536.62	\$536.62	\$0.00	\$0.00

25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR	\$535.20	\$535.20	\$0.00	\$0.00
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR	\$560.22	\$560.22	\$0.00	\$0.00
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR	\$689.90	\$689.90	\$0.00	\$0.00
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$105.78	\$137.03	\$0.00	\$0.00
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$253.69	\$253.69	\$0.00	\$0.00
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR	\$487.53	\$487.53	\$0.00	\$0.00
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF	\$353.15	\$353.15	\$0.00	\$0.00
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR	\$686.56	\$686.56	\$0.00	\$0.00
25526	EXTERNA	\$729.72	\$729.72	\$0.00	\$0.00
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$98.15	\$130.88	\$0.00	\$0.00
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$252.95	\$252.95	\$0.00	\$0.00
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR	\$477.49	\$477.49	\$0.00	\$0.00
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT	\$134.64	\$134.64	\$0.00	\$0.00
25565	MANIPULA	\$297.23	\$297.23	\$0.00	\$0.00
25574	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH	\$426.04	\$426.04	\$0.00	\$0.00
25575	MANIPULATIO	\$606.91	\$606.91	\$0.00	\$0.00
25600	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR	\$121.06	\$159.15	\$0.00	\$0.00
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE)	\$278.05	\$278.05	\$0.00	\$0.00
25611	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES	\$393.40	\$393.40	\$0.00	\$0.00
25620	O	\$458.09	\$458.09	\$0.00	\$0.00
	OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE)				
	OR				

25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT	\$109.90	\$140.48	\$0.00	\$0.00
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPUL	\$188.66	\$237.88	\$0.00	\$0.00
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT	\$448.60	\$448.60	\$0.00	\$0.00
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$116.77	\$146.14	\$0.00	\$0.00
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$179.28	\$224.34	\$0.00	\$0.00
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID	\$403.26	\$403.26	\$0.00	\$0.00
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$128.64	\$164.31	\$0.00	\$0.00
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$285.82	\$285.82	\$0.00	\$0.00
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$421.07	\$421.07	\$0.00	\$0.00
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE	\$188.06	\$188.06	\$0.00	\$0.00
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE	\$437.78	\$437.78	\$0.00	\$0.00
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$346.81	\$346.81	\$0.00	\$0.00
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$199.70	\$199.70	\$0.00	\$0.00
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$444.85	\$444.85	\$0.00	\$0.00
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$239.40	\$239.40	\$0.00	\$0.00
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$541.60	\$541.60	\$0.00	\$0.00
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$300.31	\$300.31	\$0.00	\$0.00
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$450.24	\$450.24	\$0.00	\$0.00
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL	\$607.42	\$607.42	\$0.00	\$0.00
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	\$705.61	\$705.61	\$0.00	\$0.00
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING	\$673.41	\$673.41	\$0.00	\$0.00
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR	\$484.46	\$484.46	\$0.00	\$0.00

25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)		\$596.29	\$596.29	\$0.00	\$0.00
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA,		\$544.67	\$544.67	\$0.00	\$0.00
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;		\$460.88	\$460.88	\$0.00	\$0.00
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTI		\$465.13	\$465.13	\$0.00	\$0.00
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCA		\$391.58	\$391.58	\$0.00	\$0.00
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION		\$420.22	\$420.22	\$0.00	\$0.00
25915	KRUKENBERG PROCEDURE		\$974.92	\$974.92	\$0.00	\$0.00
25920	DISARTICULATION THROUGH WRIST;		\$454.30	\$454.30	\$0.00	\$0.00
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION		\$377.88	\$377.88	\$0.00	\$0.00
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION		\$461.74	\$461.74	\$0.00	\$0.00
25927	TRANSMETACARPAL AMPUTATION;		\$441.03	\$441.03	\$0.00	\$0.00
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION		\$359.68	\$359.68	\$0.00	\$0.00
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION		\$359.32	\$359.32	\$0.00	\$0.00
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	R	\$0.00	\$0.00	\$0.00	\$0.00
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE		\$51.37	\$57.81	\$0.00	\$0.00
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)		\$109.93	\$109.93	\$0.00	\$0.00
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH		\$232.75	\$232.75	\$0.00	\$0.00
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA		\$266.20	\$266.20	\$0.00	\$0.00
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA		\$334.78	\$334.78	\$0.00	\$0.00
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCE		\$294.74	\$294.74	\$0.00	\$0.00
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)		\$405.47	\$405.47	\$0.00	\$0.00
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)		\$392.38	\$392.38	\$0.00	\$0.00
26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS		\$179.29	\$179.29	\$0.00	\$0.00
26045	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); OPEN, PARTIAL		\$303.87	\$303.87	\$0.00	\$0.00
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)		\$176.70	\$176.70	\$0.00	\$0.00
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT		\$113.96	\$113.96	\$0.00	\$0.00
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN		\$145.23	\$182.24	\$0.00	\$0.00
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN		\$217.39	\$217.39	\$0.00	\$0.00

26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$207.53	\$207.53	\$0.00	\$0.00
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$195.01	\$195.01	\$0.00	\$0.00
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$233.18	\$233.18	\$0.00	\$0.00
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	\$190.51	\$190.51	\$0.00	\$0.00
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER	\$170.16	\$170.16	\$0.00	\$0.00
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER	\$266.87	\$266.87	\$0.00	\$0.00
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND	\$399.89	\$399.89	\$0.00	\$0.00
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE	\$506.63	\$506.63	\$0.00	\$0.00
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PRO	\$534.78	\$534.78	\$0.00	\$0.00
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PRO	\$216.48	\$216.48	\$0.00	\$0.00
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$305.81	\$305.81	\$0.00	\$0.00
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND	\$346.00	\$346.00	\$0.00	\$0.00
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR	\$308.78	\$308.78	\$0.00	\$0.00
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON,	\$322.71	\$322.71	\$0.00	\$0.00
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS	\$159.98	\$159.98	\$0.00	\$0.00
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH	\$222.41	\$222.41	\$0.00	\$0.00
26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON	\$271.53	\$271.53	\$0.00	\$0.00
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$263.33	\$263.33	\$0.00	\$0.00
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$291.71	\$291.71	\$0.00	\$0.00
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH	\$409.14	\$409.14	\$0.00	\$0.00
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE	\$265.99	\$265.99	\$0.00	\$0.00

26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE	\$371.53	\$371.53	\$0.00	\$0.00
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$305.92	\$305.92	\$0.00	\$0.00
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$299.88	\$299.88	\$0.00	\$0.00
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$264.82	\$264.82	\$0.00	\$0.00
26250	RADICAL RESECTION, METACARPAL (EG, TUMOR);	\$399.97	\$399.97	\$0.00	\$0.00
26255	RADICAL RESECTION, METACARPAL (EG, TUMOR); WITH AUTOGRAFT (INCLUDES	\$619.35	\$619.35	\$0.00	\$0.00
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	\$375.04	\$375.04	\$0.00	\$0.00
26261	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR); W	\$488.95	\$488.95	\$0.00	\$0.00
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	\$304.62	\$304.62	\$0.00	\$0.00
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$218.54	\$218.54	\$0.00	\$0.00
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$196.88	\$196.88	\$0.00	\$0.00
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TEN	\$347.03	\$347.03	\$0.00	\$0.00
26352	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TEN	\$416.79	\$416.79	\$0.00	\$0.00
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON	\$430.39	\$430.39	\$0.00	\$0.00
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON	\$444.85	\$444.85	\$0.00	\$0.00
26358	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON	\$484.34	\$484.34	\$0.00	\$0.00
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS	\$404.33	\$404.33	\$0.00	\$0.00
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS	\$442.01	\$442.01	\$0.00	\$0.00
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS	\$435.77	\$435.77	\$0.00	\$0.00
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	\$499.29	\$499.29	\$0.00	\$0.00

26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR	\$548.24	\$548.24	\$0.00	\$0.00
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAF	\$228.87	\$228.87	\$0.00	\$0.00
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT	\$358.19	\$358.19	\$0.00	\$0.00
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DE	\$439.13	\$439.13	\$0.00	\$0.00
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLU	\$531.86	\$531.86	\$0.00	\$0.00
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GR	\$228.32	\$228.32	\$0.00	\$0.00
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	\$362.59	\$362.59	\$0.00	\$0.00
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE	\$367.20	\$367.20	\$0.00	\$0.00
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE	\$374.29	\$374.29	\$0.00	\$0.00
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT	\$168.20	\$210.44	\$0.00	\$0.00
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WIT	\$251.12	\$251.12	\$0.00	\$0.00
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WIT	\$323.37	\$323.37	\$0.00	\$0.00
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$287.42	\$287.42	\$0.00	\$0.00
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	\$249.77	\$249.77	\$0.00	\$0.00
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$283.72	\$283.72	\$0.00	\$0.00
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	\$222.36	\$222.36	\$0.00	\$0.00
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH T	\$360.23	\$360.23	\$0.00	\$0.00
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	\$173.78	\$173.78	\$0.00	\$0.00
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	\$161.71	\$161.71	\$0.00	\$0.00
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	\$151.14	\$151.14	\$0.00	\$0.00
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$290.45	\$290.45	\$0.00	\$0.00
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$292.70	\$292.70	\$0.00	\$0.00
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$230.79	\$230.79	\$0.00	\$0.00
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$270.60	\$270.60	\$0.00	\$0.00

26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$297.74	\$297.74	\$0.00	\$0.00
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$325.94	\$325.94	\$0.00	\$0.00
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HA	\$392.56	\$392.56	\$0.00	\$0.00
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HA	\$492.94	\$492.94	\$0.00	\$0.00
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, E	\$414.21	\$414.21	\$0.00	\$0.00
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCL	\$367.68	\$367.68	\$0.00	\$0.00
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	\$474.77	\$474.77	\$0.00	\$0.00
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT),	\$533.17	\$533.17	\$0.00	\$0.00
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$461.37	\$461.37	\$0.00	\$0.00
26496	OPPONENSPLASTY; OTHER METHODS	\$540.41	\$540.41	\$0.00	\$0.00
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGE	\$517.14	\$517.14	\$0.00	\$0.00
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	\$763.14	\$763.14	\$0.00	\$0.00
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$489.42	\$489.42	\$0.00	\$0.00
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPA	\$274.57	\$274.57	\$0.00	\$0.00
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL G	\$362.21	\$362.21	\$0.00	\$0.00
26504	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON PROSTHESIS	\$414.09	\$414.09	\$0.00	\$0.00
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$293.42	\$293.42	\$0.00	\$0.00
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	\$275.43	\$275.43	\$0.00	\$0.00
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	\$275.43	\$275.43	\$0.00	\$0.00
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$325.93	\$325.93	\$0.00	\$0.00
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	\$464.24	\$464.24	\$0.00	\$0.00
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	\$454.56	\$454.56	\$0.00	\$0.00
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$284.43	\$284.43	\$0.00	\$0.00
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	\$260.59	\$260.59	\$0.00	\$0.00
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$346.27	\$346.27	\$0.00	\$0.00

26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH	\$427.47	\$427.47	\$0.00	\$0.00
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	\$289.16	\$289.16	\$0.00	\$0.00
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOI	\$400.12	\$400.12	\$0.00	\$0.00
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL	\$382.25	\$382.25	\$0.00	\$0.00
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE	\$516.12	\$516.12	\$0.00	\$0.00
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE	\$362.86	\$362.86	\$0.00	\$0.00
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE	\$354.93	\$354.93	\$0.00	\$0.00
26546	GRAF	\$486.30	\$486.30	\$0.00	\$0.00
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$402.90	\$402.90	\$0.00	\$0.00
26550	POLLICIZATION OF A DIGIT	\$1,219.54	\$1,219.54	\$0.00	\$0.00
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-A	\$2,534.05	\$2,534.05	\$0.00	\$0.00
26553	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT	\$2,516.42	\$2,516.42	\$0.00	\$0.00
26554	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT	\$3,002.47	\$3,002.47	\$0.00	\$0.00
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$948.75	\$948.75	\$0.00	\$0.00
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	\$2,559.25	\$2,559.25	\$0.00	\$0.00
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$294.23	\$294.23	\$0.00	\$0.00
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG,	\$584.46	\$584.46	\$0.00	\$0.00
26562	INVOLVI	\$585.00	\$585.00	\$0.00	\$0.00
26565	OSTEOTOMY; METACARPAL, EACH	\$366.02	\$366.02	\$0.00	\$0.00
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$322.69	\$322.69	\$0.00	\$0.00
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$506.52	\$506.52	\$0.00	\$0.00
26580	REPAIR CLEFT HAND	\$1,039.76	\$1,039.76	\$0.00	\$0.00

26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	\$425.75	\$425.75	\$0.00	\$0.00
26590	REPAIR MACRODACTYLIA, EACH DIGIT	\$1,023.89	\$1,023.89	\$0.00	\$0.00
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$156.00	\$156.00	\$0.00	\$0.00
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$271.01	\$271.01	\$0.00	\$0.00
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$507.34	\$507.34	\$0.00	\$0.00
	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT				
26600	MANIPULATION,	\$79.11	\$99.76	\$0.00	\$0.00
	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION,				
26605	EA	\$117.81	\$148.52	\$0.00	\$0.00
	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH				
26607	EXTER	\$259.31	\$259.31	\$0.00	\$0.00
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$259.31	\$259.31	\$0.00	\$0.00
	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT				
26615	INTERNA	\$302.06	\$302.06	\$0.00	\$0.00
	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH				
26641	MANIPULAT	\$142.92	\$142.92	\$0.00	\$0.00
	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB				
26645	(BENNE	\$191.15	\$191.15	\$0.00	\$0.00
	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE				
26650	DISLOCATION	\$284.20	\$284.20	\$0.00	\$0.00
	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB				
26665	(BENNETT	\$407.39	\$407.39	\$0.00	\$0.00
	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN				
26670	THUMB, WIT	\$132.06	\$132.06	\$0.00	\$0.00
	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN				
26675	THUMB, WIT	\$261.27	\$261.27	\$0.00	\$0.00
	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION,				
26676	OTHER T	\$301.86	\$301.86	\$0.00	\$0.00
	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB;				
26685	WITH	\$368.51	\$368.51	\$0.00	\$0.00
	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB;				
26686	COMPL	\$414.01	\$414.01	\$0.00	\$0.00
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH	\$129.91	\$129.91	\$0.00	\$0.00
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH	\$171.38	\$171.38	\$0.00	\$0.00

26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SIN	\$288.12	\$288.12	\$0.00	\$0.00
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WIT	\$287.61	\$287.61	\$0.00	\$0.00
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL	\$64.17	\$78.92	\$0.00	\$0.00
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL	\$119.55	\$140.21	\$0.00	\$0.00
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE,	\$219.32	\$219.32	\$0.00	\$0.00
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALAN	\$282.71	\$282.71	\$0.00	\$0.00
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL	\$72.56	\$88.11	\$0.00	\$0.00
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL	\$169.45	\$169.45	\$0.00	\$0.00
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$309.70	\$309.70	\$0.00	\$0.00
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHO	\$71.64	\$71.64	\$0.00	\$0.00
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH	\$119.76	\$119.76	\$0.00	\$0.00
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER O	\$181.93	\$181.93	\$0.00	\$0.00
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR	\$200.83	\$200.83	\$0.00	\$0.00
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$107.13	\$107.13	\$0.00	\$0.00
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$137.44	\$137.44	\$0.00	\$0.00
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR	\$199.27	\$199.27	\$0.00	\$0.00
26785	WITHOUT	\$211.05	\$211.05	\$0.00	\$0.00
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	\$433.93	\$433.93	\$0.00	\$0.00

26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL		\$389.03	\$389.03	\$0.00	\$0.00
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL		\$490.83	\$490.83	\$0.00	\$0.00
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;		\$409.15	\$409.15	\$0.00	\$0.00
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;					
26844	WIT		\$467.85	\$467.85	\$0.00	\$0.00
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL					
26850	FIXAT		\$335.44	\$335.44	\$0.00	\$0.00
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL					
26852	FIXAT		\$411.59	\$411.59	\$0.00	\$0.00
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL					
26860	FIXATION;		\$263.61	\$263.61	\$0.00	\$0.00
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL					
26861	FIXATION;		\$121.32	\$121.32	\$0.00	\$0.00
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL					
26862	FIXATION;		\$366.22	\$366.22	\$0.00	\$0.00
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL					
26863	FIXATION;		\$218.68	\$218.68	\$0.00	\$0.00
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION),					
26910	SINGLE,		\$371.69	\$371.69	\$0.00	\$0.00
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR					
26951	PHALAN		\$218.29	\$218.29	\$0.00	\$0.00
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR					
26952	PHALAN		\$300.70	\$300.70	\$0.00	\$0.00
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	R	\$750.00	\$975.00	\$0.00	\$0.00
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMAT		\$293.90	\$293.90	\$0.00	\$0.00
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA		\$233.12	\$233.12	\$0.00	\$0.00
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR B		\$606.57	\$606.57	\$0.00	\$0.00
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)		\$210.09	\$210.09	\$0.00	\$0.00
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN		\$297.94	\$297.94	\$0.00	\$0.00
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR					
27003	NEURECTOMY		\$399.44	\$399.44	\$0.00	\$0.00
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)		\$367.60	\$367.60	\$0.00	\$0.00

27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDUR	\$421.93	\$421.93	\$0.00	\$0.00
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	\$487.07	\$487.07	\$0.00	\$0.00
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	\$706.27	\$706.27	\$0.00	\$0.00
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN	\$717.21	\$717.21	\$0.00	\$0.00
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRA CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF	\$833.09	\$833.09	\$0.00	\$0.00
27036	HETEROTO	\$686.12	\$686.12	\$0.00	\$0.00
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$117.64	\$117.64	\$0.00	\$0.00
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR	\$356.96	\$356.96	\$0.00	\$0.00
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE	\$268.57	\$268.57	\$0.00	\$0.00
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	\$303.32	\$303.32	\$0.00	\$0.00
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG,	\$684.79	\$684.79	\$0.00	\$0.00
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	\$259.53	\$259.53	\$0.00	\$0.00
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	\$385.51	\$385.51	\$0.00	\$0.00
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	\$538.64	\$538.64	\$0.00	\$0.00
27060	EXCISION; ISCHIAL BURSA	\$260.73	\$260.73	\$0.00	\$0.00
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$269.55	\$269.55	\$0.00	\$0.00
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT	\$317.93	\$317.93	\$0.00	\$0.00
27066	AUTOGRAFT	\$512.56	\$512.56	\$0.00	\$0.00
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARA	\$729.74	\$729.74	\$0.00	\$0.00
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR	\$509.26	\$509.26	\$0.00	\$0.00
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR	\$563.40	\$563.40	\$0.00	\$0.00
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR	\$884.64	\$884.64	\$0.00	\$0.00
27076	RADICAL RESECTION OF TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM,	\$1,028.62	\$1,028.62	\$0.00	\$0.00
27077	RADICAL RESECTION OF TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	\$1,212.53	\$1,212.53	\$0.00	\$0.00

27078	RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER	\$635.36	\$635.36	\$0.00	\$0.00
27079	RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER	\$627.43	\$627.43	\$0.00	\$0.00
27080	COCCYGECTOMY, PRIMARY	\$314.55	\$314.55	\$0.00	\$0.00
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	\$62.88	\$70.66	\$0.00	\$0.00
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$346.72	\$346.72	\$0.00	\$0.00
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	\$631.41	\$631.41	\$0.00	\$0.00
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS	\$1,209.08	\$1,209.08	\$0.00	\$0.00
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	\$62.81	\$62.81	\$0.00	\$0.00
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	\$72.12	\$72.12	\$0.00	\$0.00
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/ OR	\$292.09	\$292.09	\$0.00	\$0.00
27097	RELEASE OR RESECTION, HAMSTRING, PROXIMAL	\$474.51	\$474.51	\$0.00	\$0.00
27098	TRANSFER, ADDUCTOR TO ISCHIUM	\$474.51	\$474.51	\$0.00	\$0.00
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIA	\$550.66	\$550.66	\$0.00	\$0.00
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION)	\$521.44	\$521.44	\$0.00	\$0.00
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	\$696.28	\$696.28	\$0.00	\$0.00
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	\$687.72	\$687.72	\$0.00	\$0.00
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	\$1,039.27	\$1,039.27	\$0.00	\$0.00
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	\$934.97	\$934.97	\$0.00	\$0.00
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC	\$914.33	\$914.33	\$0.00	\$0.00
27130	REPLACEMENT (	\$1,300.74	\$1,300.74	\$0.00	\$0.00
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR	\$1,488.80	\$1,488.80	\$0.00	\$0.00
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT	\$1,707.39	\$1,707.39	\$0.00	\$0.00
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR	\$1,306.01	\$1,306.01	\$0.00	\$0.00
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	\$1,316.66	\$1,316.66	\$0.00	\$0.00

27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCED	\$673.33	\$673.33	\$0.00	\$0.00
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	\$727.22	\$727.22	\$0.00	\$0.00
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION O	\$1,038.09	\$1,038.09	\$0.00	\$0.00
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOM	\$1,090.69	\$1,090.69	\$0.00	\$0.00
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOM	\$1,157.78	\$1,157.78	\$0.00	\$0.00
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	\$982.04	\$982.04	\$0.00	\$0.00
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	\$885.97	\$885.97	\$0.00	\$0.00
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR	\$988.81	\$988.81	\$0.00	\$0.00
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC A	\$941.76	\$941.76	\$0.00	\$0.00
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	\$248.47	\$248.47	\$0.00	\$0.00
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING,	\$639.54	\$639.54	\$0.00	\$0.00
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNIN	\$785.90	\$785.90	\$0.00	\$0.00
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH	\$633.96	\$633.96	\$0.00	\$0.00
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NE	\$686.56	\$686.56	\$0.00	\$0.00
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL	\$809.87	\$809.87	\$0.00	\$0.00
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF	\$338.99	\$338.99	\$0.00	\$0.00
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR	\$867.48	\$867.48	\$0.00	\$0.00
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR	\$210.27	\$210.27	\$0.00	\$0.00
27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR	\$372.92	\$372.92	\$0.00	\$0.00
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	\$95.74	\$95.74	\$0.00	\$0.00
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	\$377.90	\$377.90	\$0.00	\$0.00

27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE	\$654.55	\$654.55	\$0.00	\$0.00
27216	AND/O	\$548.05	\$548.05	\$0.00	\$0.00
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTER	\$833.92	\$833.92	\$0.00	\$0.00
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTE	\$999.41	\$999.41	\$0.00	\$0.00
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT	\$284.16	\$284.16	\$0.00	\$0.00
27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULA	\$517.20	\$517.20	\$0.00	\$0.00
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH	\$893.24	\$893.24	\$0.00	\$0.00
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERI	\$1,057.74	\$1,057.74	\$0.00	\$0.00
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTER	\$1,138.10	\$1,138.10	\$0.00	\$0.00
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT	\$243.73	\$243.73	\$0.00	\$0.00
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END,	\$549.82	\$549.82	\$0.00	\$0.00
27235	NECK	\$764.73	\$764.73	\$0.00	\$0.00
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXAT	\$934.33	\$934.33	\$0.00	\$0.00
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT	\$297.43	\$297.43	\$0.00	\$0.00
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT	\$616.02	\$616.02	\$0.00	\$0.00
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE	\$921.94	\$921.94	\$0.00	\$0.00
27245	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE	\$1,050.17	\$1,050.17	\$0.00	\$0.00
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATIO	\$246.32	\$246.32	\$0.00	\$0.00
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTER	\$670.98	\$670.98	\$0.00	\$0.00
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$281.65	\$281.65	\$0.00	\$0.00

27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$410.81	\$410.81	\$0.00	\$0.00
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATIO	\$755.25	\$755.25	\$0.00	\$0.00
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND	\$923.80	\$923.80	\$0.00	\$0.00
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING	\$167.12	\$167.12	\$0.00	\$0.00
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING	\$283.09	\$283.09	\$0.00	\$0.00
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN	\$845.48	\$845.48	\$0.00	\$0.00
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN	\$1,058.92	\$1,058.92	\$0.00	\$0.00
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHE	\$269.66	\$269.66	\$0.00	\$0.00
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIO	\$363.44	\$363.44	\$0.00	\$0.00
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$116.40	\$116.40	\$0.00	\$0.00
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	\$659.38	\$659.38	\$0.00	\$0.00
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	\$592.89	\$592.89	\$0.00	\$0.00
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH	\$905.58	\$905.58	\$0.00	\$0.00
27286	SUBTROCHANTER	\$921.83	\$921.83	\$0.00	\$0.00
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	\$1,431.65	\$1,431.65	\$0.00	\$0.00
27295	DISARTICULATION OF HIP	\$1,023.55	\$1,023.55	\$0.00	\$0.00
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT R	\$800.00	\$1,040.00	\$0.00	\$0.00
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE	\$250.59	\$250.59	\$0.00	\$0.00
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG,	\$406.16	\$406.16	\$0.00	\$0.00
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$277.49	\$277.49	\$0.00	\$0.00
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE	\$186.45	\$186.45	\$0.00	\$0.00
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	\$247.92	\$247.92	\$0.00	\$0.00
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BO	\$536.56	\$536.56	\$0.00	\$0.00

27315	NEURECTOMY, HAMSTRING MUSCLE	\$358.66	\$358.66	\$0.00	\$0.00
27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$329.80	\$329.80	\$0.00	\$0.00
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$93.71	\$105.91	\$0.00	\$0.00
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR	\$214.40	\$214.40	\$0.00	\$0.00
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	\$197.91	\$197.91	\$0.00	\$0.00
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULA RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	\$282.72	\$282.72	\$0.00	\$0.00
27329	TH	\$710.04	\$710.04	\$0.00	\$0.00
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	\$328.59	\$328.59	\$0.00	\$0.00
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF L	\$386.98	\$386.98	\$0.00	\$0.00
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE;	\$541.94	\$541.94	\$0.00	\$0.00
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE;	\$502.73	\$502.73	\$0.00	\$0.00
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	\$549.34	\$549.34	\$0.00	\$0.00
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING	\$634.91	\$634.91	\$0.00	\$0.00
27340	EXCISION, PREPATELLAR BURSA	\$233.36	\$233.36	\$0.00	\$0.00
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	\$339.30	\$339.30	\$0.00	\$0.00
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	\$247.34	\$247.34	\$0.00	\$0.00
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$509.69	\$509.69	\$0.00	\$0.00
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH	\$440.36	\$440.36	\$0.00	\$0.00
27356	ALLO	\$504.85	\$504.85	\$0.00	\$0.00
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTO	\$553.36	\$553.36	\$0.00	\$0.00
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTE	\$278.62	\$278.62	\$0.00	\$0.00
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	\$534.45	\$534.45	\$0.00	\$0.00
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	\$839.06	\$839.06	\$0.00	\$0.00
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	\$45.48	\$45.48	\$0.00	\$0.00
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$245.99	\$245.99	\$0.00	\$0.00
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$438.86	\$438.86	\$0.00	\$0.00

27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FA	\$629.97	\$629.97	\$0.00	\$0.00
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$482.00	\$482.00	\$0.00	\$0.00
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUC	\$667.97	\$667.97	\$0.00	\$0.00
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	\$277.69	\$277.69	\$0.00	\$0.00
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	\$362.97	\$362.97	\$0.00	\$0.00
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	\$486.83	\$486.83	\$0.00	\$0.00
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	\$349.27	\$349.27	\$0.00	\$0.00
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	\$410.40	\$410.40	\$0.00	\$0.00
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$642.79	\$642.79	\$0.00	\$0.00
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	\$431.42	\$431.42	\$0.00	\$0.00
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	\$547.19	\$547.19	\$0.00	\$0.00
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE	\$490.30	\$490.30	\$0.00	\$0.00
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	\$499.63	\$499.63	\$0.00	\$0.00
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$547.23	\$547.23	\$0.00	\$0.00
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$549.42	\$549.42	\$0.00	\$0.00
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND	\$811.53	\$811.53	\$0.00	\$0.00
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$1,179.03	\$1,179.03	\$0.00	\$0.00
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$661.14	\$661.14	\$0.00	\$0.00
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$605.55	\$605.55	\$0.00	\$0.00
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/O	\$618.60	\$618.60	\$0.00	\$0.00
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	\$627.11	\$627.11	\$0.00	\$0.00
27425	LATERAL RETINACULAR RELEASE, OPEN	\$347.40	\$347.40	\$0.00	\$0.00
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$607.63	\$607.63	\$0.00	\$0.00
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN	\$745.89	\$745.89	\$0.00	\$0.00
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN	\$694.76	\$694.76	\$0.00	\$0.00
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$549.25	\$549.25	\$0.00	\$0.00
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$472.48	\$472.48	\$0.00	\$0.00

27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$530.59	\$530.59	\$0.00	\$0.00
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$706.12	\$706.12	\$0.00	\$0.00
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$646.80	\$646.80	\$0.00	\$0.00
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL	\$569.70	\$569.70	\$0.00	\$0.00
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH	\$783.21	\$783.21	\$0.00	\$0.00
27443	DEBRID	\$729.37	\$729.37	\$0.00	\$0.00
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE) ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL	\$1,145.96	\$1,145.96	\$0.00	\$0.00
27446	COMPARTMENT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL	\$1,051.39	\$1,051.39	\$0.00	\$0.00
27447	COMPARTMEN	\$1,373.97	\$1,373.97	\$0.00	\$0.00
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	\$696.75	\$696.75	\$0.00	\$0.00
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	\$839.20	\$839.20	\$0.00	\$0.00
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL S	\$849.38	\$849.38	\$0.00	\$0.00
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY	\$721.93	\$721.93	\$0.00	\$0.00
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY	\$778.46	\$778.46	\$0.00	\$0.00
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	\$753.67	\$753.67	\$0.00	\$0.00
27466	OSTEOPLASTY, FEMUR; LENGTHENING	\$857.88	\$857.88	\$0.00	\$0.00
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL	\$1,036.42	\$1,036.42	\$0.00	\$0.00
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT	\$945.17	\$945.17	\$0.00	\$0.00
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILI	\$1,090.97	\$1,090.97	\$0.00	\$0.00
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	\$476.44	\$476.44	\$0.00	\$0.00
27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA,	\$655.92	\$655.92	\$0.00	\$0.00
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL F	\$715.27	\$715.27	\$0.00	\$0.00
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG,	\$487.59	\$487.59	\$0.00	\$0.00
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE	\$1,162.27	\$1,162.27	\$0.00	\$0.00

27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORA	\$1,526.10	\$1,526.10	\$0.00	\$0.00
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRY	\$921.03	\$921.03	\$0.00	\$0.00
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT	\$959.83	\$959.83	\$0.00	\$0.00
27496	(FLEXOR O DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT	\$278.87	\$278.87	\$0.00	\$0.00
27497	(FLEXOR O DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE	\$341.46	\$341.46	\$0.00	\$0.00
27498	COMPARTMENTS; DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE	\$389.33	\$389.33	\$0.00	\$0.00
27499	COMPARTMENTS; WI	\$448.36	\$448.36	\$0.00	\$0.00
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL	\$320.26	\$320.26	\$0.00	\$0.00
27501	FRACTURE WI	\$320.26	\$320.26	\$0.00	\$0.00
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR	\$514.18	\$514.18	\$0.00	\$0.00
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WI	\$514.18	\$514.18	\$0.00	\$0.00
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH	\$959.33	\$959.33	\$0.00	\$0.00
27507	OR WI	\$868.96	\$868.96	\$0.00	\$0.00
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END,	\$281.86	\$281.86	\$0.00	\$0.00
27509	MEDIAL	\$327.64	\$327.64	\$0.00	\$0.00
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR	\$449.73	\$449.73	\$0.00	\$0.00
27511	FRACTURE WITH	\$858.15	\$858.15	\$0.00	\$0.00
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH	\$984.28	\$984.28	\$0.00	\$0.00

27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL COND	\$953.10	\$953.10	\$0.00	\$0.00
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT	\$290.90	\$290.90	\$0.00	\$0.00
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH	\$481.47	\$481.47	\$0.00	\$0.00
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR				
27519	WITHOU	\$795.44	\$795.44	\$0.00	\$0.00
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$130.34	\$171.11	\$0.00	\$0.00
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR				
27524	PAR	\$592.67	\$592.67	\$0.00	\$0.00
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT	\$198.37	\$198.37	\$0.00	\$0.00
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR				
27532	WITHO	\$374.29	\$374.29	\$0.00	\$0.00
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WI	\$663.23	\$663.23	\$0.00	\$0.00
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WIT	\$785.01	\$785.01	\$0.00	\$0.00
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY				
27538	FRACTURE(	\$238.94	\$238.94	\$0.00	\$0.00
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY				
27540	FRACTURE(S)	\$699.25	\$699.25	\$0.00	\$0.00
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$239.95	\$239.95	\$0.00	\$0.00
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$321.73	\$321.73	\$0.00	\$0.00
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR				
27556	EXTERN	\$777.38	\$777.38	\$0.00	\$0.00
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR				
27557	EXTERN	\$914.27	\$914.27	\$0.00	\$0.00
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR				
27558	EXTERN	\$942.15	\$942.15	\$0.00	\$0.00
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$149.05	\$149.05	\$0.00	\$0.00
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	\$318.21	\$318.21	\$0.00	\$0.00
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR				
27566	TOT	\$661.22	\$661.22	\$0.00	\$0.00
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES				
27570	APPLICAT	\$102.53	\$102.53	\$0.00	\$0.00
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	\$843.06	\$843.06	\$0.00	\$0.00
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	\$588.56	\$588.56	\$0.00	\$0.00

27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQ	\$692.38	\$692.38	\$0.00	\$0.00
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTIN AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR	\$513.40	\$513.40	\$0.00	\$0.00
27594	SCAR	\$299.29	\$299.29	\$0.00	\$0.00
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	\$514.76	\$514.76	\$0.00	\$0.00
27598	DISARTICULATION AT KNEE	\$593.07	\$593.07	\$0.00	\$0.00
27599	UNLISTED PROCEDURE, FEMUR OR KNEE R DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL	\$0.00	\$0.00	\$0.00	\$0.00
27600	COMPARTMENTS ON	\$253.78	\$253.78	\$0.00	\$0.00
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND	\$253.07	\$253.07	\$0.00	\$0.00
27602	POSTERIOR	\$321.89	\$321.89	\$0.00	\$0.00
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$203.20	\$203.20	\$0.00	\$0.00
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE);	\$141.20	\$154.88	\$0.00	\$0.00
27605	LOCAL TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE);	\$117.80	\$117.80	\$0.00	\$0.00
27606	GENERAL	\$178.93	\$178.93	\$0.00	\$0.00
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	\$391.88	\$391.88	\$0.00	\$0.00
27610	FORE ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT	\$440.07	\$440.07	\$0.00	\$0.00
27612	ACHILLE	\$428.17	\$428.17	\$0.00	\$0.00
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$73.62	\$82.61	\$0.00	\$0.00
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	\$225.08	\$225.08	\$0.00	\$0.00
27615	LE	\$601.21	\$601.21	\$0.00	\$0.00
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR	\$209.06	\$209.06	\$0.00	\$0.00
27619	INTRAMUSCULAR) ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY,	\$361.22	\$361.22	\$0.00	\$0.00
27620	WIT	\$352.03	\$352.03	\$0.00	\$0.00
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	\$495.71	\$495.71	\$0.00	\$0.00
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	\$570.79	\$570.79	\$0.00	\$0.00

27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION),	\$230.77	\$230.77	\$0.00	\$0.00
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$460.42	\$460.42	\$0.00	\$0.00
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W	\$529.40	\$529.40	\$0.00	\$0.00
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	\$572.56	\$572.56	\$0.00	\$0.00
27640	BONE PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	\$600.87	\$600.87	\$0.00	\$0.00
27641	BONE	\$465.23	\$465.23	\$0.00	\$0.00
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	\$745.89	\$745.89	\$0.00	\$0.00
27646	RADICAL RESECTION OF TUMOR, BONE; FIBULA	\$672.91	\$672.91	\$0.00	\$0.00
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	\$628.62	\$628.62	\$0.00	\$0.00
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$43.33	\$43.33	\$0.00	\$0.00
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	\$541.27	\$541.27	\$0.00	\$0.00
27652	WITH	\$599.41	\$599.41	\$0.00	\$0.00
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$607.33	\$607.33	\$0.00	\$0.00
27656	REPAIR, FASCIAL DEFECT OF LEG	\$224.89	\$224.89	\$0.00	\$0.00
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$257.68	\$257.68	\$0.00	\$0.00
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TEN	\$362.62	\$362.62	\$0.00	\$0.00
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$231.16	\$231.16	\$0.00	\$0.00
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH T	\$301.18	\$301.18	\$0.00	\$0.00
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$393.45	\$393.45	\$0.00	\$0.00
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$461.41	\$461.41	\$0.00	\$0.00
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH T	\$282.90	\$282.90	\$0.00	\$0.00
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDO	\$367.65	\$367.65	\$0.00	\$0.00
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPA	\$291.10	\$291.10	\$0.00	\$0.00

27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS	\$401.17	\$401.17	\$0.00	\$0.00
27687	GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	\$336.01	\$336.01	\$0.00	\$0.00
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR	\$439.55	\$439.55	\$0.00	\$0.00
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR	\$512.94	\$512.94	\$0.00	\$0.00
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR	\$116.37	\$116.37	\$0.00	\$0.00
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$419.72	\$419.72	\$0.00	\$0.00
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$444.08	\$444.08	\$0.00	\$0.00
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON- J	\$609.90	\$609.90	\$0.00	\$0.00
27700	ARTHROPLASTY, ANKLE;	\$589.09	\$589.09	\$0.00	\$0.00
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)	\$901.83	\$901.83	\$0.00	\$0.00
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	\$850.54	\$850.54	\$0.00	\$0.00
27704	REMOVAL OF ANKLE IMPLANT	\$391.73	\$391.73	\$0.00	\$0.00
27705	OSTEOTOMY; TIBIA	\$613.41	\$613.41	\$0.00	\$0.00
27707	OSTEOTOMY; FIBULA	\$255.46	\$255.46	\$0.00	\$0.00
27709	OSTEOTOMY; TIBIA AND FIBULA	\$634.02	\$634.02	\$0.00	\$0.00
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIE	\$680.93	\$680.93	\$0.00	\$0.00
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	\$764.49	\$764.49	\$0.00	\$0.00
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION	\$750.69	\$750.69	\$0.00	\$0.00
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	\$641.91	\$641.91	\$0.00	\$0.00
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT	\$840.83	\$840.83	\$0.00	\$0.00
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY	\$640.88	\$640.88	\$0.00	\$0.00
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$674.54	\$674.54	\$0.00	\$0.00
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$318.59	\$318.59	\$0.00	\$0.00
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA	\$297.49	\$297.49	\$0.00	\$0.00
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA	\$463.65	\$463.65	\$0.00	\$0.00
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN	\$514.03	\$514.03	\$0.00	\$0.00

27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN	\$571.33	\$571.33	\$0.00	\$0.00
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR	\$549.90	\$549.90	\$0.00	\$0.00
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR	\$189.78	\$189.78	\$0.00	\$0.00
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR	\$307.62	\$307.62	\$0.00	\$0.00
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR	\$413.30	\$413.30	\$0.00	\$0.00
27758	WITHO OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR	\$723.37	\$723.37	\$0.00	\$0.00
27759	FRAC TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR	\$792.21	\$792.21	\$0.00	\$0.00
27760	FRACTURE) CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT	\$126.05	\$160.65	\$0.00	\$0.00
27762	MANIPULATION CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION,	\$243.12	\$243.12	\$0.00	\$0.00
27766	WITH OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT	\$465.01	\$465.01	\$0.00	\$0.00
27780	INTERNAL CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT	\$105.22	\$131.64	\$0.00	\$0.00
27781	MANIPUL CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH	\$223.39	\$223.39	\$0.00	\$0.00
27784	MANIPULATI OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR	\$360.34	\$360.34	\$0.00	\$0.00
27786	WITHOUT CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS);	\$121.08	\$154.88	\$0.00	\$0.00
27788	WITHO CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS);	\$180.71	\$224.57	\$0.00	\$0.00
27792	WITH OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH	\$432.95	\$432.95	\$0.00	\$0.00
27808	OR CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS);	\$161.48	\$161.48	\$0.00	\$0.00
27810	WIT CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS);	\$296.33	\$296.33	\$0.00	\$0.00
	WIT				

27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL	\$596.72	\$596.72	\$0.00	\$0.00
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$185.96	\$185.96	\$0.00	\$0.00
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$349.43	\$349.43	\$0.00	\$0.00
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNA	\$579.67	\$579.67	\$0.00	\$0.00
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNA	\$712.71	\$712.71	\$0.00	\$0.00
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DI	\$185.96	\$185.96	\$0.00	\$0.00
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DI	\$349.43	\$349.43	\$0.00	\$0.00
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO	\$518.51	\$518.51	\$0.00	\$0.00
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO	\$650.27	\$650.27	\$0.00	\$0.00
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO	\$754.67	\$754.67	\$0.00	\$0.00
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION,	\$343.29	\$343.29	\$0.00	\$0.00
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT	\$201.05	\$201.05	\$0.00	\$0.00
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING	\$246.38	\$246.38	\$0.00	\$0.00
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WIT	\$349.40	\$349.40	\$0.00	\$0.00
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$180.56	\$180.56	\$0.00	\$0.00
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR	\$235.65	\$235.65	\$0.00	\$0.00
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKEL	\$528.96	\$528.96	\$0.00	\$0.00
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKEL	\$562.95	\$562.95	\$0.00	\$0.00
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION O	\$110.07	\$110.07	\$0.00	\$0.00

27870	ARTHRODESIS, ANKLE, OPEN		\$717.51	\$717.51	\$0.00	\$0.00
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL		\$489.23	\$489.23	\$0.00	\$0.00
27880	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;		\$576.79	\$576.79	\$0.00	\$0.00
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECH		\$655.20	\$655.20	\$0.00	\$0.00
27882	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)		\$460.79	\$460.79	\$0.00	\$0.00
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR		\$322.35	\$322.35	\$0.00	\$0.00
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION		\$469.89	\$469.89	\$0.00	\$0.00
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIR		\$549.92	\$549.92	\$0.00	\$0.00
27889	ANKLE DISARTICULATION		\$522.58	\$522.58	\$0.00	\$0.00
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON		\$283.42	\$283.42	\$0.00	\$0.00
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND		\$282.71	\$282.71	\$0.00	\$0.00
27894	POSTERIOR		\$351.52	\$351.52	\$0.00	\$0.00
27899	UNLISTED PROCEDURE, LEG OR ANKLE	R	\$0.00	\$0.00	\$0.00	\$0.00
28001	INCISION AND DRAINAGE, BURSA, FOOT		\$86.83	\$93.80	\$0.00	\$0.00
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH		\$178.70	\$178.70	\$0.00	\$0.00
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH		\$281.06	\$328.00	\$0.00	\$0.00
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT		\$348.73	\$348.73	\$0.00	\$0.00
28008	FASCIOTOMY, FOOT AND/OR TOE		\$201.88	\$201.88	\$0.00	\$0.00
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON		\$143.72	\$192.26	\$0.00	\$0.00
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS		\$145.44	\$169.17	\$0.00	\$0.00
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO		\$271.01	\$271.01	\$0.00	\$0.00
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO		\$173.68	\$210.43	\$0.00	\$0.00
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO		\$158.78	\$190.83	\$0.00	\$0.00
28030	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT		\$285.22	\$285.22	\$0.00	\$0.00
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)		\$329.36	\$329.36	\$0.00	\$0.00

28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	\$151.32	\$151.32	\$0.00	\$0.00
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	\$249.07	\$249.07	\$0.00	\$0.00
28046	FO	\$438.82	\$438.82	\$0.00	\$0.00
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$232.96	\$232.96	\$0.00	\$0.00
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	\$170.25	\$221.48	\$0.00	\$0.00
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	\$161.08	\$161.08	\$0.00	\$0.00
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$274.25	\$274.25	\$0.00	\$0.00
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$393.07	\$393.07	\$0.00	\$0.00
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$270.62	\$270.62	\$0.00	\$0.00
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$223.07	\$223.07	\$0.00	\$0.00
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$213.41	\$213.41	\$0.00	\$0.00
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$227.49	\$227.49	\$0.00	\$0.00
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$213.04	\$213.04	\$0.00	\$0.00
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING	\$213.05	\$213.05	\$0.00	\$0.00
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	\$162.93	\$162.93	\$0.00	\$0.00
28100	CALCANEUS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	\$294.03	\$294.03	\$0.00	\$0.00
28102	CALCANEUS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	\$418.62	\$418.62	\$0.00	\$0.00
28103	CALCANEUS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR	\$346.23	\$346.23	\$0.00	\$0.00
28104	METATARS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR	\$270.65	\$270.65	\$0.00	\$0.00
28106	METATARS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR	\$389.17	\$389.17	\$0.00	\$0.00
28107	METATARS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF	\$293.43	\$293.43	\$0.00	\$0.00
28108	FOOT OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE)	\$183.23	\$239.55	\$0.00	\$0.00
28110	(SEPAR	\$214.91	\$214.91	\$0.00	\$0.00
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD	\$287.13	\$287.13	\$0.00	\$0.00
28112	OR	\$241.27	\$241.27	\$0.00	\$0.00
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$250.77	\$250.77	\$0.00	\$0.00

28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXI	\$490.56	\$490.56	\$0.00	\$0.00
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$341.88	\$341.88	\$0.00	\$0.00
28118	OSTECTOMY, CALCANEUS;	\$332.34	\$332.34	\$0.00	\$0.00
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEAS	\$309.41	\$309.41	\$0.00	\$0.00
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$292.60	\$292.60	\$0.00	\$0.00
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$327.54	\$327.54	\$0.00	\$0.00
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$192.93	\$248.05	\$0.00	\$0.00
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$161.60	\$214.97	\$0.00	\$0.00
28130	TALECTOMY (ASTRAGALECTOMY)	\$425.03	\$425.03	\$0.00	\$0.00
28140	METATARSECTOMY	\$336.56	\$336.56	\$0.00	\$0.00
28150	PHALANGECTOMY, TOE, EACH TOE	\$209.86	\$209.86	\$0.00	\$0.00
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$162.03	\$215.53	\$0.00	\$0.00
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END	\$169.83	\$225.08	\$0.00	\$0.00
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$499.19	\$499.19	\$0.00	\$0.00
28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL	\$411.97	\$411.97	\$0.00	\$0.00
28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	\$322.43	\$322.43	\$0.00	\$0.00
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	\$64.23	\$71.21	\$0.00	\$0.00
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$189.89	\$189.89	\$0.00	\$0.00
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$230.75	\$230.75	\$0.00	\$0.00
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	\$362.03	\$362.03	\$0.00	\$0.00
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$202.78	\$202.78	\$0.00	\$0.00
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	\$339.38	\$339.38	\$0.00	\$0.00
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$187.65	\$239.55	\$0.00	\$0.00
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$258.42	\$344.25	\$0.00	\$0.00
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$170.00	\$170.00	\$0.00	\$0.00
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$225.67	\$225.67	\$0.00	\$0.00

28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEP	\$155.31	\$187.90	\$0.00	\$0.00
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$120.76	\$142.22	\$0.00	\$0.00
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION	\$117.53	\$138.05	\$0.00	\$0.00
28238	OF	\$427.90	\$427.90	\$0.00	\$0.00
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$183.61	\$183.61	\$0.00	\$0.00
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPAR	\$297.86	\$297.86	\$0.00	\$0.00
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$350.56	\$350.56	\$0.00	\$0.00
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$434.36	\$434.36	\$0.00	\$0.00
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSUL	\$712.14	\$712.14	\$0.00	\$0.00
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$572.41	\$572.41	\$0.00	\$0.00
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, E	\$175.25	\$210.52	\$0.00	\$0.00
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$139.42	\$166.78	\$0.00	\$0.00
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$211.50	\$211.50	\$0.00	\$0.00
28285	CORRECTION, HAMMERTOES (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$256.09	\$256.09	\$0.00	\$0.00
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MOR	\$234.66	\$234.66	\$0.00	\$0.00
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$220.48	\$220.48	\$0.00	\$0.00
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR	\$284.76	\$284.76	\$0.00	\$0.00
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; SI	\$316.65	\$316.65	\$0.00	\$0.00
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; KE	\$390.18	\$390.18	\$0.00	\$0.00
28293	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY;	\$522.05	\$522.05	\$0.00	\$0.00
28294	WI	\$505.44	\$505.44	\$0.00	\$0.00

28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WI	\$515.11	\$515.11	\$0.00	\$0.00
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY;	\$522.44	\$522.44	\$0.00	\$0.00
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY	\$478.31	\$478.31	\$0.00	\$0.00
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY	\$546.46	\$546.46	\$0.00	\$0.00
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR	\$461.69	\$461.69	\$0.00	\$0.00
28302	OSTEOTOMY; TALUS	\$533.57	\$533.57	\$0.00	\$0.00
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$444.15	\$444.15	\$0.00	\$0.00
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$582.37	\$582.37	\$0.00	\$0.00
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI	\$301.55	\$301.55	\$0.00	\$0.00
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI	\$353.15	\$353.15	\$0.00	\$0.00
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI	\$314.66	\$314.66	\$0.00	\$0.00
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI	\$467.67	\$467.67	\$0.00	\$0.00
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHAL	\$270.53	\$270.53	\$0.00	\$0.00
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANG	\$259.13	\$259.13	\$0.00	\$0.00
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY	\$181.38	\$215.85	\$0.00	\$0.00
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$258.67	\$258.67	\$0.00	\$0.00
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$515.16	\$515.16	\$0.00	\$0.00
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT	\$373.52	\$373.52	\$0.00	\$0.00
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$385.24	\$385.24	\$0.00	\$0.00
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$459.42	\$459.42	\$0.00	\$0.00
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$227.97	\$227.97	\$0.00	\$0.00
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EAC	\$322.94	\$322.94	\$0.00	\$0.00

28360	RECONSTRUCTION, CLEFT FOOT	\$733.33	\$733.33	\$0.00	\$0.00
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$103.17	\$137.63	\$0.00	\$0.00
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$244.29	\$244.29	\$0.00	\$0.00
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATIO	\$356.72	\$356.72	\$0.00	\$0.00
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE	\$665.39	\$665.39	\$0.00	\$0.00
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE	\$795.33	\$795.33	\$0.00	\$0.00
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$98.87	\$131.73	\$0.00	\$0.00
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$197.64	\$197.64	\$0.00	\$0.00
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	\$258.02	\$258.02	\$0.00	\$0.00
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	\$527.69	\$527.69	\$0.00	\$0.00
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOU	\$83.09	\$108.17	\$0.00	\$0.00
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH	\$128.60	\$162.66	\$0.00	\$0.00
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS A	\$140.25	\$140.25	\$0.00	\$0.00
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), W	\$360.48	\$360.48	\$0.00	\$0.00
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$81.37	\$105.51	\$0.00	\$0.00
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	\$119.07	\$150.45	\$0.00	\$0.00
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATI	\$193.76	\$193.76	\$0.00	\$0.00
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXT	\$295.92	\$295.92	\$0.00	\$0.00
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	\$44.14	\$56.21	\$0.00	\$0.00
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR	\$61.61	\$76.63	\$0.00	\$0.00
28496	PHALA	\$127.02	\$127.02	\$0.00	\$0.00

28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WI	\$194.82	\$194.82	\$0.00	\$0.00
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT T	\$43.76	\$55.70	\$0.00	\$0.00
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT T	\$57.60	\$72.62	\$0.00	\$0.00
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE	\$152.68	\$152.68	\$0.00	\$0.00
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$45.48	\$58.89	\$0.00	\$0.00
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$117.99	\$117.99	\$0.00	\$0.00
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WI	\$64.96	\$73.01	\$0.00	\$0.00
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER	\$102.80	\$102.80	\$0.00	\$0.00
28546	THAN	\$169.23	\$169.23	\$0.00	\$0.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR	\$338.77	\$338.77	\$0.00	\$0.00
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$71.23	\$92.55	\$0.00	\$0.00
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$169.89	\$169.89	\$0.00	\$0.00
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH	\$194.54	\$194.54	\$0.00	\$0.00
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN	\$365.30	\$365.30	\$0.00	\$0.00
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHE	\$62.71	\$71.83	\$0.00	\$0.00
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANEST	\$139.89	\$139.89	\$0.00	\$0.00
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, W	\$238.43	\$238.43	\$0.00	\$0.00
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT	\$302.23	\$302.23	\$0.00	\$0.00
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT	\$64.90	\$78.72	\$0.00	\$0.00

28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT	\$78.40	\$97.84	\$0.00	\$0.00
28636	DISLOCATIO	\$157.22	\$157.22	\$0.00	\$0.00
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHO	\$212.34	\$212.34	\$0.00	\$0.00
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHE	\$52.98	\$52.98	\$0.00	\$0.00
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANEST	\$70.69	\$83.83	\$0.00	\$0.00
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, W	\$150.28	\$150.28	\$0.00	\$0.00
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT	\$169.07	\$169.07	\$0.00	\$0.00
28705	ARTHRODESIS; PANTALAR	\$879.94	\$879.94	\$0.00	\$0.00
28715	ARTHRODESIS; TRIPLE	\$734.04	\$734.04	\$0.00	\$0.00
28725	ARTHRODESIS; SUBTALAR	\$606.86	\$606.86	\$0.00	\$0.00
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$564.51	\$564.51	\$0.00	\$0.00
28735	WIT	\$590.56	\$590.56	\$0.00	\$0.00
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSA	\$526.23	\$526.23	\$0.00	\$0.00
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$337.29	\$337.29	\$0.00	\$0.00
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$302.59	\$302.59	\$0.00	\$0.00
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$241.37	\$241.37	\$0.00	\$0.00
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSA	\$321.14	\$321.14	\$0.00	\$0.00
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	\$423.54	\$423.54	\$0.00	\$0.00
28805	AMPUTATION, FOOT; TRANSMETATARSAL	\$420.46	\$420.46	\$0.00	\$0.00
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$285.37	\$285.37	\$0.00	\$0.00
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$184.84	\$184.84	\$0.00	\$0.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$166.18	\$166.18	\$0.00	\$0.00
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQU	\$161.86	\$254.74	\$0.00	\$0.00
28899	UNLISTED PROCEDURE, FOOT OR TOES	\$0.00	\$0.00	\$0.00	\$0.00
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	\$120.75	\$120.75	\$0.00	\$0.00

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29010	APPLICATION OF RISSE JACKET, LOCALIZER, BODY; ONLY	\$131.20	\$131.20	\$0.00	\$0.00
29015	APPLICATION OF RISSE JACKET, LOCALIZER, BODY; INCLUDING HEAD	\$109.98	\$141.23	\$0.00	\$0.00
29020	APPLICATION OF TURNBUCKLE JACKET, BODY; ONLY	\$91.91	\$116.32	\$0.00	\$0.00
29025	APPLICATION OF TURNBUCKLE JACKET, BODY; INCLUDING HEAD	\$83.88	\$93.94	\$0.00	\$0.00
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	\$85.87	\$112.02	\$0.00	\$0.00
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TY	\$126.61	\$126.61	\$0.00	\$0.00
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	\$126.53	\$126.53	\$0.00	\$0.00
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	\$139.28	\$139.28	\$0.00	\$0.00
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	\$33.21	\$38.84	\$0.00	\$0.00
29055	APPLICATION, CAST; SHOULDER SPICA	\$88.55	\$88.55	\$0.00	\$0.00
29058	APPLICATION, CAST; PLASTER VELPEAU	\$58.06	\$58.06	\$0.00	\$0.00
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	\$39.42	\$50.15	\$0.00	\$0.00
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	\$33.21	\$41.39	\$0.00	\$0.00
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	\$34.18	\$40.88	\$0.00	\$0.00
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$32.50	\$40.50	\$0.00	\$0.00
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$34.18	\$40.88	\$0.00	\$0.00
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$23.49	\$28.45	\$0.00	\$0.00
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	\$29.42	\$34.78	\$0.00	\$0.00
29130	APPLICATION OF FINGER SPLINT; STATIC	\$17.44	\$19.72	\$0.00	\$0.00
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	\$22.83	\$28.06	\$0.00	\$0.00
29200	STRAPPING; THORAX	\$23.42	\$27.04	\$0.00	\$0.00
29220	STRAPPING; LOW BACK	\$25.09	\$30.19	\$0.00	\$0.00
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$28.80	\$28.80	\$0.00	\$0.00
29260	STRAPPING; ELBOW OR WRIST	\$19.95	\$23.04	\$0.00	\$0.00
29280	STRAPPING; HAND OR FINGER	\$18.27	\$21.08	\$0.00	\$0.00
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	\$117.53	\$117.53	\$0.00	\$0.00
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	\$126.92	\$126.92	\$0.00	\$0.00
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$58.65	\$72.33	\$0.00	\$0.00
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY				
29355	TYP	\$63.78	\$78.53	\$0.00	\$0.00
29358	APPLICATION OF LONG LEG CAST BRACE	\$74.66	\$99.33	\$0.00	\$0.00
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$49.56	\$61.09	\$0.00	\$0.00
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$38.75	\$49.34	\$0.00	\$0.00
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR				
29425	AMBULAT	\$46.05	\$59.06	\$0.00	\$0.00
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$54.82	\$70.65	\$0.00	\$0.00

29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST		\$20.54	\$23.62	\$0.00	\$0.00
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST		\$104.63	\$104.63	\$0.00	\$0.00
	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR					
29450	SHO		\$36.13	\$41.36	\$0.00	\$0.00
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)		\$37.24	\$37.24	\$0.00	\$0.00
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)		\$29.18	\$35.49	\$0.00	\$0.00
29520	STRAPPING; HIP		\$21.40	\$26.23	\$0.00	\$0.00
29530	STRAPPING; KNEE		\$22.63	\$27.33	\$0.00	\$0.00
29540	STRAPPING; ANKLE AND/OR FOOT		\$19.72	\$23.74	\$0.00	\$0.00
29550	STRAPPING; TOES		\$18.28	\$22.03	\$0.00	\$0.00
29580	STRAPPING; UNNA BOOT		\$28.29	\$38.89	\$0.00	\$0.00
29590	DENIS-BROWNE SPLINT STRAPPING		\$26.79	\$30.54	\$0.00	\$0.00
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST		\$31.33	\$35.62	\$0.00	\$0.00
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST		\$38.77	\$43.47	\$0.00	\$0.00
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSE JACKET		\$47.06	\$53.09	\$0.00	\$0.00
29715	REMOVAL OR BIVALVING; TURNBUCKLE JACKET		\$42.03	\$53.57	\$0.00	\$0.00
29720	REPAIR OF SPICA, BODY CAST OR JACKET		\$24.01	\$27.09	\$0.00	\$0.00
29730	WINDOWING OF CAST		\$26.47	\$29.95	\$0.00	\$0.00
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)		\$39.42	\$44.52	\$0.00	\$0.00
29750	WEDGING OF CLUBFOOT CAST		\$45.38	\$52.08	\$0.00	\$0.00
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	R	\$43.50	\$56.55	\$0.00	\$0.00
	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT					
29800	SYNO		\$273.67	\$273.67	\$0.00	\$0.00
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL		\$544.32	\$544.32	\$0.00	\$0.00
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY		\$273.62	\$273.62	\$0.00	\$0.00
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY		\$756.24	\$756.24	\$0.00	\$0.00
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION		\$735.75	\$735.75	\$0.00	\$0.00
	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR					
29819	FOREIGN		\$508.71	\$508.71	\$0.00	\$0.00
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL		\$475.75	\$475.75	\$0.00	\$0.00
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE		\$524.59	\$524.59	\$0.00	\$0.00
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED		\$496.95	\$496.95	\$0.00	\$0.00
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE		\$557.11	\$557.11	\$0.00	\$0.00
	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING					
29824	DISTA		\$459.49	\$459.49	\$0.00	\$0.00

29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS	\$516.49	\$516.49	\$0.00	\$0.00
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WI	\$610.22	\$610.22	\$0.00	\$0.00
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$787.23	\$787.23	\$0.00	\$0.00
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPAR	\$328.06	\$328.06	\$0.00	\$0.00
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BO	\$359.84	\$359.84	\$0.00	\$0.00
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$371.54	\$371.54	\$0.00	\$0.00
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$432.76	\$432.76	\$0.00	\$0.00
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$394.61	\$394.61	\$0.00	\$0.00
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$434.52	\$434.52	\$0.00	\$0.00
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPAR	\$259.53	\$259.53	\$0.00	\$0.00
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$344.27	\$344.27	\$0.00	\$0.00
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$355.54	\$355.54	\$0.00	\$0.00
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$431.08	\$431.08	\$0.00	\$0.00
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	\$473.77	\$473.77	\$0.00	\$0.00
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTAB	\$408.77	\$408.77	\$0.00	\$0.00
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$236.88	\$236.88	\$0.00	\$0.00
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR	\$412.51	\$549.17	\$0.00	\$0.00
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR	\$699.25	\$699.25	\$0.00	\$0.00
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU	\$637.41	\$637.41	\$0.00	\$0.00
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU	\$748.91	\$748.91	\$0.00	\$0.00
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$375.33	\$375.33	\$0.00	\$0.00
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$547.74	\$547.74	\$0.00	\$0.00

29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CART	\$601.41	\$601.41	\$0.00	\$0.00
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$552.29	\$552.29	\$0.00	\$0.00
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLA	\$763.08	\$763.08	\$0.00	\$0.00
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY	\$913.20	\$913.20	\$0.00	\$0.00
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHRO	\$1,240.49	\$1,240.49	\$0.00	\$0.00
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARA	\$268.33	\$268.33	\$0.00	\$0.00
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$389.48	\$389.48	\$0.00	\$0.00
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$389.48	\$389.48	\$0.00	\$0.00
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$360.23	\$360.23	\$0.00	\$0.00
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$469.26	\$469.26	\$0.00	\$0.00
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	\$431.23	\$431.23	\$0.00	\$0.00
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTME	\$525.51	\$525.51	\$0.00	\$0.00
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAG	\$493.05	\$493.05	\$0.00	\$0.00
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPL	\$538.89	\$538.89	\$0.00	\$0.00
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL,	\$568.94	\$568.94	\$0.00	\$0.00
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL,	\$519.01	\$519.01	\$0.00	\$0.00
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$570.66	\$570.66	\$0.00	\$0.00
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$641.12	\$641.12	\$0.00	\$0.00
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT	\$478.61	\$478.61	\$0.00	\$0.00
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WI	\$506.78	\$506.78	\$0.00	\$0.00

29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSE		\$418.82	\$418.82	\$0.00	\$0.00
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSE		\$575.48	\$575.48	\$0.00	\$0.00
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION		\$922.93	\$922.93	\$0.00	\$0.00
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATIO		\$631.75	\$631.75	\$0.00	\$0.00
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALU		\$513.66	\$513.66	\$0.00	\$0.00
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESIO		\$530.95	\$530.95	\$0.00	\$0.00
29893	ENDOSCOPIC PLANTAR FASCIOTOMY		\$295.86	\$295.86	\$0.00	\$0.00
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH		\$478.37	\$478.37	\$0.00	\$0.00
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;		\$464.84	\$464.84	\$0.00	\$0.00
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;		\$483.71	\$483.71	\$0.00	\$0.00
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;		\$557.77	\$557.77	\$0.00	\$0.00
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH		\$722.91	\$722.91	\$0.00	\$0.00
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL		\$325.00	\$325.00	\$0.00	\$0.00
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT		\$358.76	\$358.76	\$0.00	\$0.00
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF		\$385.42	\$385.42	\$0.00	\$0.00
29999	UNLISTED PROCEDURE, ARTHROSCOPY	R	\$0.00	\$0.00	\$0.00	\$0.00
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH		\$49.49	\$57.27	\$0.00	\$0.00
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM		\$50.00	\$58.05	\$0.00	\$0.00
30100	BIOPSY, INTRANASAL		\$38.78	\$48.03	\$0.00	\$0.00
30110	EXCISION, NASAL POLYP(S), SIMPLE		\$67.06	\$84.36	\$0.00	\$0.00
30115	EXCISION, NASAL POLYP(S), EXTENSIVE		\$207.37	\$207.37	\$0.00	\$0.00
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPRO		\$173.50	\$173.50	\$0.00	\$0.00
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPRO		\$508.04	\$508.04	\$0.00	\$0.00
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	R	\$351.88	\$351.88	\$0.00	\$0.00

30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS		\$109.89	\$127.86	\$0.00	\$0.00
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE		\$365.84	\$365.84	\$0.00	\$0.00
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD		\$141.94	\$141.94	\$0.00	\$0.00
	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY					
30140	METHO		\$186.05	\$186.05	\$0.00	\$0.00
30150	RHINECTOMY; PARTIAL		\$487.26	\$487.26	\$0.00	\$0.00
30160	RHINECTOMY; TOTAL		\$610.09	\$610.09	\$0.00	\$0.00
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC		\$33.78	\$33.78	\$0.00	\$0.00
30210	DISPLACEMENT THERAPY (PROETZ TYPE)		\$34.44	\$37.93	\$0.00	\$0.00
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)		\$67.86	\$88.11	\$0.00	\$0.00
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE		\$36.43	\$42.60	\$0.00	\$0.00
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA		\$103.87	\$103.87	\$0.00	\$0.00
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY		\$254.33	\$254.33	\$0.00	\$0.00
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF R		\$571.59	\$571.59	\$0.00	\$0.00
	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY					
30410	PYRAMID,	R	\$802.40	\$802.40	\$0.00	\$0.00
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	R	\$982.73	\$982.73	\$0.00	\$0.00
	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP					
30430	WORK	R	\$376.86	\$376.86	\$0.00	\$0.00
	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH					
30435	OSTEOTOM	R	\$629.04	\$629.04	\$0.00	\$0.00
	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND					
30450	OSTEOTOMIES	R	\$853.53	\$853.53	\$0.00	\$0.00
	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP					
30460	AND/		\$530.91	\$530.91	\$0.00	\$0.00
	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP					
30462	AND/	R	\$1,062.64	\$1,062.64	\$0.00	\$0.00
	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL					
30465	NA		\$590.90	\$590.90	\$0.00	\$0.00
	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE					
30520	SCORING,		\$376.62	\$376.62	\$0.00	\$0.00
30540	REPAIR CHOANAL ATRESIA; INTRANASAL		\$413.74	\$413.74	\$0.00	\$0.00
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE		\$632.63	\$632.63	\$0.00	\$0.00
30560	LYSIS INTRANASAL SYNECHIA		\$44.34	\$51.72	\$0.00	\$0.00
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLU		\$287.97	\$371.66	\$0.00	\$0.00

30600	REPAIR FISTULA; ORONASAL		\$282.11	\$282.11	\$0.00	\$0.00
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE					
30620	OBTAINING G		\$380.02	\$380.02	\$0.00	\$0.00
30630	REPAIR NASAL SEPTAL PERFORATIONS		\$385.04	\$385.04	\$0.00	\$0.00
30801	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL					
30801	OR		\$37.45	\$43.75	\$0.00	\$0.00
30802	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL					
30802	OR		\$85.99	\$85.99	\$0.00	\$0.00
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR					
30901	PAC		\$44.47	\$51.98	\$0.00	\$0.00
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY					
30903	AND/OR		\$69.93	\$69.93	\$0.00	\$0.00
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS					
30905	AND/OR		\$109.95	\$109.95	\$0.00	\$0.00
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS					
30906	AND/OR		\$103.53	\$103.53	\$0.00	\$0.00
30915	LIGATION ARTERIES; ETHMOIDAL		\$342.59	\$342.59	\$0.00	\$0.00
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL		\$506.86	\$506.86	\$0.00	\$0.00
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC		\$56.49	\$56.49	\$0.00	\$0.00
30999	UNLISTED PROCEDURE, NOSE	R	\$112.50	\$150.00	\$0.00	\$0.00
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL					
31000	OST		\$39.26	\$45.03	\$0.00	\$0.00
31002	LAVAGE BY CANNULATION; SPHENOID SINUS		\$61.96	\$68.13	\$0.00	\$0.00
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL		\$160.85	\$160.85	\$0.00	\$0.00
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT					
31030	REMO		\$377.27	\$377.27	\$0.00	\$0.00
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH					
31032	REMOVAL		\$420.07	\$420.07	\$0.00	\$0.00
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH		\$494.04	\$494.04	\$0.00	\$0.00
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;		\$324.18	\$324.18	\$0.00	\$0.00
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING					
31051	O		\$439.45	\$439.45	\$0.00	\$0.00
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)		\$256.49	\$256.49	\$0.00	\$0.00
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR					
31075	OSTEOMA,		\$560.10	\$560.10	\$0.00	\$0.00
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW					
31080	INCIS		\$589.10	\$589.10	\$0.00	\$0.00

31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL	\$658.46	\$658.46	\$0.00	\$0.00
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISIO	\$808.43	\$808.43	\$0.00	\$0.00
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCI	\$855.14	\$855.14	\$0.00	\$0.00
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCI	\$671.03	\$671.03	\$0.00	\$0.00
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL	\$667.23	\$667.23	\$0.00	\$0.00
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$608.96	\$608.96	\$0.00	\$0.00
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$272.91	\$272.91	\$0.00	\$0.00
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	\$438.35	\$438.35	\$0.00	\$0.00
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	\$518.23	\$518.23	\$0.00	\$0.00
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	\$1,024.73	\$1,024.73	\$0.00	\$0.00
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	\$1,261.34	\$1,261.34	\$0.00	\$0.00
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDU	\$72.67	\$72.67	\$0.00	\$0.00
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFE	\$108.92	\$146.33	\$0.00	\$0.00
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCT	\$115.84	\$147.89	\$0.00	\$0.00
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEME	\$141.63	\$186.82	\$0.00	\$0.00
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	\$162.52	\$218.44	\$0.00	\$0.00
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$569.91	\$569.91	\$0.00	\$0.00
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$175.16	\$175.16	\$0.00	\$0.00
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR	\$312.80	\$312.80	\$0.00	\$0.00
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR A	\$470.91	\$470.91	\$0.00	\$0.00
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	\$207.62	\$207.62	\$0.00	\$0.00
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOV	\$320.18	\$320.18	\$0.00	\$0.00

31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH O	\$457.67	\$457.67	\$0.00	\$0.00
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	\$265.20	\$265.20	\$0.00	\$0.00
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF T	\$310.52	\$310.52	\$0.00	\$0.00
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LE	\$863.15	\$863.15	\$0.00	\$0.00
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LE	\$906.69	\$906.69	\$0.00	\$0.00
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL	\$700.75	\$700.75	\$0.00	\$0.00
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR	\$766.70	\$766.70	\$0.00	\$0.00
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	\$876.15	\$876.15	\$0.00	\$0.00
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES R	\$0.00	\$0.00	\$0.00	\$0.00
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR	\$731.38	\$731.38	\$0.00	\$0.00
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC	\$248.68	\$248.68	\$0.00	\$0.00
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	\$1,018.21	\$1,018.21	\$0.00	\$0.00
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	\$1,443.84	\$1,443.84	\$0.00	\$0.00
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	\$1,064.49	\$1,064.49	\$0.00	\$0.00
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	\$1,488.14	\$1,488.14	\$0.00	\$0.00
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	\$1,049.34	\$1,049.34	\$0.00	\$0.00
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	\$978.80	\$978.80	\$0.00	\$0.00
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	\$1,051.75	\$1,051.75	\$0.00	\$0.00
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	\$1,016.87	\$1,016.87	\$0.00	\$0.00
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUC	\$1,445.36	\$1,445.36	\$0.00	\$0.00
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTIO	\$1,774.98	\$1,774.98	\$0.00	\$0.00
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$497.44	\$497.44	\$0.00	\$0.00
31420	EPIGLOTTIDECTOMY	\$502.98	\$502.98	\$0.00	\$0.00
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$102.35	\$102.35	\$0.00	\$0.00

31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$36.33	\$36.33	\$0.00	\$0.00
31505	LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE)	\$24.88	\$30.65	\$0.00	\$0.00
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	\$72.79	\$72.79	\$0.00	\$0.00
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	\$91.56	\$91.56	\$0.00	\$0.00
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	\$113.61	\$113.61	\$0.00	\$0.00
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	\$142.74	\$142.74	\$0.00	\$0.00
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	\$86.53	\$86.53	\$0.00	\$0.00
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	\$123.48	\$123.48	\$0.00	\$0.00
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT	\$112.27	\$141.77	\$0.00	\$0.00
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH	\$172.89	\$172.89	\$0.00	\$0.00
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF	\$183.44	\$183.44	\$0.00	\$0.00
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INIT	\$148.18	\$148.18	\$0.00	\$0.00
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION,	\$150.70	\$150.70	\$0.00	\$0.00
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	\$206.31	\$206.31	\$0.00	\$0.00
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERA	\$252.24	\$252.24	\$0.00	\$0.00
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	\$211.22	\$211.22	\$0.00	\$0.00
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOP	\$216.25	\$216.25	\$0.00	\$0.00
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPP	\$277.90	\$277.90	\$0.00	\$0.00
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPP	\$244.99	\$244.99	\$0.00	\$0.00
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOP	\$285.05	\$285.05	\$0.00	\$0.00
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOP	\$435.71	\$435.71	\$0.00	\$0.00
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	\$306.45	\$306.45	\$0.00	\$0.00

31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING	\$338.20	\$338.20	\$0.00	\$0.00
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$194.52	\$260.91	\$0.00	\$0.00
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$241.02	\$241.02	\$0.00	\$0.00
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$57.33	\$78.25	\$0.00	\$0.00
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	\$133.42	\$133.42	\$0.00	\$0.00
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$166.23	\$166.23	\$0.00	\$0.00
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	\$192.36	\$192.36	\$0.00	\$0.00
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	\$103.88	\$135.13	\$0.00	\$0.00
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUDE	\$740.60	\$740.60	\$0.00	\$0.00
31582	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	\$1,105.39	\$1,105.39	\$0.00	\$0.00
31584	LARYNGOPLASTY, CRICOID SPLIT	\$916.59	\$916.59	\$0.00	\$0.00
31587	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION	\$446.74	\$446.74	\$0.00	\$0.00
31588	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$662.02	\$662.02	\$0.00	\$0.00
31590	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE),	\$356.18	\$356.18	\$0.00	\$0.00
31595	UNLISTED PROCEDURE, LARYNX	\$423.87	\$423.87	\$0.00	\$0.00
31599	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	\$354.50	\$460.85	\$0.00	\$0.00
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	\$230.38	\$230.38	\$0.00	\$0.00
31601	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	\$281.53	\$281.53	\$0.00	\$0.00
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$251.27	\$251.27	\$0.00	\$0.00
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$229.58	\$229.58	\$0.00	\$0.00
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	\$432.19	\$432.19	\$0.00	\$0.00
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION	\$345.87	\$345.87	\$0.00	\$0.00
31612	AND/OR	\$61.00	\$61.00	\$0.00	\$0.00
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	\$190.50	\$190.50	\$0.00	\$0.00
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	\$377.81	\$377.81	\$0.00	\$0.00
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$118.98	\$118.98	\$0.00	\$0.00

31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$186.18	\$186.18	\$0.00	\$0.00
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$127.23	\$181.17	\$0.00	\$0.00
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$128.64	\$182.84	\$0.00	\$0.00
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$210.12	\$210.12	\$0.00	\$0.00
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$251.92	\$251.92	\$0.00	\$0.00
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$222.75	\$222.75	\$0.00	\$0.00
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$224.02	\$224.02	\$0.00	\$0.00
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$245.57	\$245.57	\$0.00	\$0.00
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$41.99	\$53.30	\$0.00	\$0.00
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$52.65	\$65.75	\$0.00	\$0.00
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$242.37	\$242.37	\$0.00	\$0.00
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$180.52	\$180.52	\$0.00	\$0.00
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$64.53	\$64.53	\$0.00	\$0.00
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$200.75	\$200.75	\$0.00	\$0.00
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$295.88	\$295.88	\$0.00	\$0.00
31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF	\$341.25	\$341.25	\$0.00	\$0.00
31643	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH PLACEMENT OF CATHETER(S) FOR	\$148.43	\$161.39	\$0.00	\$0.00
31645	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATION OF	\$197.11	\$197.11	\$0.00	\$0.00
31646	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATION OF	\$168.45	\$168.45	\$0.00	\$0.00

31656	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH INJECTION OF CONTRAST MATERIAL	\$145.50	\$145.50	\$0.00	\$0.00
31700	CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)	\$80.47	\$80.47	\$0.00	\$0.00
31708	INSTILLATION OF CONTRAST MATERIAL FOR LARYNGOGRAPHY OR BRONCHOGRAPHY,	\$64.21	\$64.21	\$0.00	\$0.00
	CATHETERIZATION FOR BRONCHOGRAPHY, WITH OR WITHOUT INSTILLATION OF				
31710	CON	\$65.20	\$65.20	\$0.00	\$0.00
31715	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY	\$46.42	\$46.42	\$0.00	\$0.00
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$83.25	\$83.25	\$0.00	\$0.00
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$53.14	\$53.14	\$0.00	\$0.00
	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH				
31725	FIBERS	\$98.98	\$98.98	\$0.00	\$0.00
	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/				
31730	STEN	\$155.47	\$155.47	\$0.00	\$0.00
31750	TRACHEOPLASTY; CERVICAL	\$530.22	\$530.22	\$0.00	\$0.00
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	\$822.78	\$822.78	\$0.00	\$0.00
31760	TRACHEOPLASTY; INTRATHORACIC	\$967.85	\$967.85	\$0.00	\$0.00
31766	CARINAL RECONSTRUCTION	\$1,366.42	\$1,366.42	\$0.00	\$0.00
31770	BRONCHOPLASTY; GRAFT REPAIR	\$1,075.36	\$1,075.36	\$0.00	\$0.00
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	\$1,135.69	\$1,135.69	\$0.00	\$0.00
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	\$988.97	\$988.97	\$0.00	\$0.00
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	\$1,151.86	\$1,151.86	\$0.00	\$0.00
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	\$741.29	\$741.29	\$0.00	\$0.00
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	\$1,072.57	\$1,072.57	\$0.00	\$0.00
31800	SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL	\$348.55	\$348.55	\$0.00	\$0.00
31805	SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC	\$667.09	\$667.09	\$0.00	\$0.00
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	\$227.51	\$227.51	\$0.00	\$0.00
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	\$333.36	\$333.36	\$0.00	\$0.00
31830	REVISION OF TRACHEOSTOMY SCAR	\$233.38	\$233.38	\$0.00	\$0.00
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	\$0.00	\$0.00	\$0.00	\$0.00
32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR	\$71.27	\$71.27	\$0.00	\$0.00
	THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG,				
32002	F	\$105.55	\$105.55	\$0.00	\$0.00
	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT				
32005	PNEUMOTHORAX)	\$97.14	\$97.14	\$0.00	\$0.00

32019	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS,	\$176.70	\$643.91	\$0.00	\$0.00
32020	HEMOTHO	\$197.78	\$197.78	\$0.00	\$0.00
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	\$403.89	\$403.89	\$0.00	\$0.00
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	\$445.15	\$445.15	\$0.00	\$0.00
32095	THORACOTOMY, LIMITED, FOR BIOPSY OF LUNG OR PLEURA	\$465.73	\$465.73	\$0.00	\$0.00
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR	\$648.00	\$648.00	\$0.00	\$0.00
32110	REPAIR	\$702.64	\$702.64	\$0.00	\$0.00
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	\$577.55	\$577.55	\$0.00	\$0.00
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	\$667.86	\$667.86	\$0.00	\$0.00
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR	\$746.82	\$746.82	\$0.00	\$0.00
32141	WITHOUT THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR	\$777.66	\$777.66	\$0.00	\$0.00
32150	FIBRI	\$690.63	\$690.63	\$0.00	\$0.00
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	\$643.16	\$643.16	\$0.00	\$0.00
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	\$491.04	\$491.04	\$0.00	\$0.00
32200	PNEUMONOSTOMY; WITH OPEN DRAINAGE OF ABSCESS OR CYST	\$591.80	\$591.80	\$0.00	\$0.00
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	\$201.98	\$201.98	\$0.00	\$0.00
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	\$530.98	\$530.98	\$0.00	\$0.00
32220	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); TOTAL	\$1,014.23	\$1,014.23	\$0.00	\$0.00
32225	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); PARTIAL	\$728.03	\$728.03	\$0.00	\$0.00
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	\$716.82	\$716.82	\$0.00	\$0.00
32320	DECORTICATION AND PARIETAL PLEURECTOMY	\$1,130.02	\$1,130.02	\$0.00	\$0.00
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	\$94.26	\$94.26	\$0.00	\$0.00
32402	BIOPSY, PLEURA; OPEN	\$428.07	\$428.07	\$0.00	\$0.00
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$117.87	\$117.87	\$0.00	\$0.00
32420	PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	\$107.36	\$107.36	\$0.00	\$0.00
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT	\$1,146.00	\$1,146.00	\$0.00	\$0.00
32442	OF TRA	\$1,290.43	\$1,290.43	\$0.00	\$0.00
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE	\$1,328.82	\$1,328.82	\$0.00	\$0.00
32480	(LOBECTOM	\$1,032.63	\$1,032.63	\$0.00	\$0.00

32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOM)	\$1,082.51	\$1,082.51	\$0.00	\$0.00
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT	\$1,111.27	\$1,111.27	\$0.00	\$0.00
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL	\$1,189.69	\$1,189.69	\$0.00	\$0.00
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG	\$1,276.17	\$1,276.17	\$0.00	\$0.00
32491	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION-PLICATION OF	\$1,083.94	\$1,083.94	\$0.00	\$0.00
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SING	\$807.90	\$807.90	\$0.00	\$0.00
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFO	\$270.23	\$270.23	\$0.00	\$0.00
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W	\$1,388.84	\$1,388.84	\$0.00	\$0.00
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W	\$1,590.47	\$1,590.47	\$0.00	\$0.00
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	\$753.39	\$753.39	\$0.00	\$0.00
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE	\$267.14	\$267.14	\$0.00	\$0.00
32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE	\$294.24	\$294.24	\$0.00	\$0.00
32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITHOU	\$336.10	\$336.10	\$0.00	\$0.00
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH B	\$376.99	\$376.99	\$0.00	\$0.00
32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH	\$310.27	\$310.27	\$0.00	\$0.00
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH	\$365.84	\$365.84	\$0.00	\$0.00
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	\$530.98	\$530.98	\$0.00	\$0.00
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	\$728.03	\$728.03	\$0.00	\$0.00
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING	\$1,014.23	\$1,014.23	\$0.00	\$0.00

32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR F	\$690.63	\$690.63	\$0.00	\$0.00
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	\$702.64	\$702.64	\$0.00	\$0.00
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING A	\$785.87	\$785.87	\$0.00	\$0.00
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	\$770.74	\$770.74	\$0.00	\$0.00
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIP	\$807.90	\$807.90	\$0.00	\$0.00
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR	\$742.02	\$742.02	\$0.00	\$0.00
32659	PARTIAL	\$757.99	\$757.99	\$0.00	\$0.00
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDIECTOMY	\$1,108.75	\$1,108.75	\$0.00	\$0.00
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR M	\$656.49	\$656.49	\$0.00	\$0.00
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR M	\$919.29	\$919.29	\$0.00	\$0.00
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	\$1,049.94	\$1,049.94	\$0.00	\$0.00
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	\$733.08	\$733.08	\$0.00	\$0.00
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	\$880.74	\$880.74	\$0.00	\$0.00
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	\$615.54	\$615.54	\$0.00	\$0.00
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGET	\$543.35	\$543.35	\$0.00	\$0.00
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	\$1,098.67	\$1,098.67	\$0.00	\$0.00
32820	MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)	\$1,169.03	\$1,169.03	\$0.00	\$0.00
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	\$1,837.68	\$1,837.68	\$0.00	\$0.00
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	\$1,992.98	\$1,992.98	\$0.00	\$0.00
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT	\$2,297.38	\$2,297.38	\$0.00	\$0.00
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT	\$2,452.91	\$2,452.91	\$0.00	\$0.00
32855	PRIOR T	\$0.00	\$0.00	\$0.00	\$0.00
32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR T	\$0.00	\$0.00	\$0.00	\$0.00
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	\$799.08	\$799.08	\$0.00	\$0.00
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	\$966.82	\$966.82	\$0.00	\$0.00

32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE		\$1,223.12	\$1,223.12	\$0.00	\$0.00
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURE		\$879.78	\$879.78	\$0.00	\$0.00
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR		\$82.10	\$82.10	\$0.00	\$0.00
32997	TOTAL LUNG LAVAGE (UNILATERAL)		\$245.69	\$245.69	\$0.00	\$0.00
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	R	\$0.00	\$0.00	\$0.00	\$0.00
33010	PERICARDIOCENTESIS; INITIAL		\$110.44	\$110.44	\$0.00	\$0.00
33011	PERICARDIOCENTESIS; SUBSEQUENT		\$83.53	\$98.42	\$0.00	\$0.00
33015	TUBE PERICARDIOSTOMY		\$294.82	\$294.82	\$0.00	\$0.00
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)		\$742.02	\$742.02	\$0.00	\$0.00
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE		\$757.99	\$757.99	\$0.00	\$0.00
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS		\$1,146.74	\$1,146.74	\$0.00	\$0.00
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS		\$992.45	\$992.45	\$0.00	\$0.00
33050	EXCISION OF PERICARDIAL CYST OR TUMOR		\$656.49	\$656.49	\$0.00	\$0.00
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS		\$1,562.79	\$1,562.79	\$0.00	\$0.00
33130	RESECTION OF EXTERNAL CARDIAC TUMOR		\$989.12	\$989.12	\$0.00	\$0.00
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; (SEPARATE		\$962.45	\$962.45	\$0.00	\$0.00
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT		\$205.14	\$205.14	\$0.00	\$0.00
33200	INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL ELECTRODE(S); BY		\$700.40	\$700.40	\$0.00	\$0.00
33201	INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL ELECTRODE(S); BY XIPH		\$602.75	\$602.75	\$0.00	\$0.00
33206	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS		\$417.13	\$417.13	\$0.00	\$0.00
33207	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS		\$487.60	\$487.60	\$0.00	\$0.00
33208	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS		\$505.85	\$505.85	\$0.00	\$0.00

33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDI	\$191.91	\$191.91	\$0.00	\$0.00
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING	\$194.84	\$194.84	\$0.00	\$0.00
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHA	\$318.56	\$318.56	\$0.00	\$0.00
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMB	\$346.15	\$346.15	\$0.00	\$0.00
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SY	\$388.62	\$388.62	\$0.00	\$0.00
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING	\$227.30	\$227.30	\$0.00	\$0.00
33216	INSERTION OF A TRANSVENOUS ELECTRODE; SINGLE CHAMBER (ONE ELECTRODE)	\$296.78	\$296.78	\$0.00	\$0.00
33217	INSERTION OF A TRANSVENOUS ELECTRODE; DUAL CHAMBER (TWO ELECTRODES)	\$307.35	\$307.35	\$0.00	\$0.00
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT	\$285.48	\$285.48	\$0.00	\$0.00
33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACE	\$287.83	\$287.83	\$0.00	\$0.00
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER	\$312.11	\$312.11	\$0.00	\$0.00
33223	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING	\$357.60	\$357.60	\$0.00	\$0.00
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC	\$370.55	\$370.55	\$0.00	\$0.00
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC	\$329.30	\$329.30	\$0.00	\$0.00
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT	\$356.85	\$356.85	\$0.00	\$0.00
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR	\$159.17	\$159.17	\$0.00	\$0.00
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATR	\$391.36	\$391.36	\$0.00	\$0.00
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	\$444.49	\$444.49	\$0.00	\$0.00
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM	\$465.43	\$465.43	\$0.00	\$0.00
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM	\$657.32	\$657.32	\$0.00	\$0.00

33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	\$740.05	\$740.05	\$0.00	\$0.00
33240	INSERTION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER- DEFIBRILLATOR	\$376.96	\$376.96	\$0.00	\$0.00
33241	SUBCUTANEOUS REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-	\$155.53	\$155.53	\$0.00	\$0.00
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER- DEFIBRILLATOR	\$909.36	\$909.36	\$0.00	\$0.00
33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER- DEFIBRILLATOR	\$524.08	\$524.08	\$0.00	\$0.00
33245	INSERTION OF EPICARDIAL SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-	\$857.76	\$857.76	\$0.00	\$0.00
33246	INSERTION OF EPICARDIAL SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-	\$1,200.88	\$1,200.88	\$0.00	\$0.00
33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHA	\$894.41	\$894.41	\$0.00	\$0.00
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY	\$904.33	\$904.33	\$0.00	\$0.00
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY	\$1,180.43	\$1,180.43	\$0.00	\$0.00
33253	OPERATIVE INCISIONS AND RECONSTRUCTION OF ATRIA FOR TREATMENT OF ATRIA	\$1,568.81	\$1,568.81	\$0.00	\$0.00
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULM	\$1,103.05	\$1,103.05	\$0.00	\$0.00
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$288.03	\$288.03	\$0.00	\$0.00
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$221.44	\$221.44	\$0.00	\$0.00
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	\$923.41	\$923.41	\$0.00	\$0.00
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	\$1,105.28	\$1,105.28	\$0.00	\$0.00
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR	\$851.81	\$851.81	\$0.00	\$0.00
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR	\$1,042.10	\$1,042.10	\$0.00	\$0.00
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMON	\$891.85	\$891.85	\$0.00	\$0.00
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$1,220.99	\$1,220.99	\$0.00	\$0.00

33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$1,211.02	\$1,211.02	\$0.00	\$0.00
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR	\$948.66	\$948.66	\$0.00	\$0.00
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$1,122.51	\$1,122.51	\$0.00	\$0.00
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$1,273.92	\$1,273.92	\$0.00	\$0.00
33400	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS	\$1,451.36	\$1,451.36	\$0.00	\$0.00
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	\$1,430.53	\$1,430.53	\$0.00	\$0.00
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH	\$1,459.29	\$1,459.29	\$0.00	\$0.00
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$1,755.14	\$1,755.14	\$0.00	\$0.00
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC	\$1,782.46	\$1,782.46	\$0.00	\$0.00
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT	\$2,134.09	\$2,134.09	\$0.00	\$0.00
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS	\$1,638.43	\$1,638.43	\$0.00	\$0.00
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY	\$2,108.86	\$2,108.86	\$0.00	\$0.00
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT	\$2,164.32	\$2,164.32	\$0.00	\$0.00
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE	\$2,280.46	\$2,280.46	\$0.00	\$0.00
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT	\$2,076.87	\$2,076.87	\$0.00	\$0.00
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS	\$1,681.22	\$1,681.22	\$0.00	\$0.00
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC	\$1,703.51	\$1,703.51	\$0.00	\$0.00
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	\$1,883.41	\$1,883.41	\$0.00	\$0.00
33420	VALVOTOMY, MITRAL VALVE; CLOSED HEART	\$1,198.26	\$1,198.26	\$0.00	\$0.00
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	\$1,666.80	\$1,666.80	\$0.00	\$0.00
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH	\$1,720.74	\$1,720.74	\$0.00	\$0.00
33426	PROSTHETIC	\$1,763.15	\$1,763.15	\$0.00	\$0.00

33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL	\$2,025.12	\$2,025.12	\$0.00	\$0.00
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$1,946.50	\$1,946.50	\$0.00	\$0.00
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	\$1,448.00	\$1,448.00	\$0.00	\$0.00
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	\$1,729.79	\$1,729.79	\$0.00	\$0.00
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	\$1,779.97	\$1,779.97	\$0.00	\$0.00
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	\$1,800.51	\$1,800.51	\$0.00	\$0.00
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	\$1,911.56	\$1,911.56	\$0.00	\$0.00
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	\$1,163.93	\$1,163.93	\$0.00	\$0.00
33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY	\$1,391.80	\$1,391.80	\$0.00	\$0.00
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	\$1,452.13	\$1,452.13	\$0.00	\$0.00
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY				
33474	BYPASS	\$1,452.13	\$1,452.13	\$0.00	\$0.00
33475	REPLACEMENT, PULMONARY VALVE	\$1,885.46	\$1,885.46	\$0.00	\$0.00
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR				
33476	WITHOUT	\$1,592.30	\$1,592.30	\$0.00	\$0.00
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT				
33478	COMMISSUROTOMY OR	\$1,715.16	\$1,715.16	\$0.00	\$0.00
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH				
33496	CARDIOPULMO	\$1,688.39	\$1,688.39	\$0.00	\$0.00
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER				
33500	FISTULA; WI	\$1,620.55	\$1,620.55	\$0.00	\$0.00
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER				
33501	FISTULA; WI	\$913.86	\$913.86	\$0.00	\$0.00
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN;				
33502	BY	\$1,021.25	\$1,021.25	\$0.00	\$0.00
33503	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN;				
33503	BY G	\$1,510.21	\$1,510.21	\$0.00	\$0.00
33504	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN;				
33504	BY G	\$1,598.54	\$1,598.54	\$0.00	\$0.00
33505	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN;				
33505	WITH	\$1,809.64	\$1,809.64	\$0.00	\$0.00
33506	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN;				
33506	BY	\$1,809.64	\$1,809.64	\$0.00	\$0.00
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY				
33507	ARTERY	\$1,344.06	\$1,344.06	\$0.00	\$0.00

33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR	\$12.53	\$12.53	\$0.00	\$0.00
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	\$1,602.35	\$1,602.35	\$0.00	\$0.00
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	\$1,759.16	\$1,759.16	\$0.00	\$0.00
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	\$1,915.68	\$1,915.68	\$0.00	\$0.00
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	\$2,072.22	\$2,072.22	\$0.00	\$0.00
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	\$2,228.23	\$2,228.23	\$0.00	\$0.00
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	\$2,384.48	\$2,384.48	\$0.00	\$0.00
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S	\$156.27	\$156.27	\$0.00	\$0.00
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); T	\$313.06	\$313.06	\$0.00	\$0.00
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); T	\$469.07	\$469.07	\$0.00	\$0.00
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); F	\$625.88	\$625.88	\$0.00	\$0.00
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); F	\$782.40	\$782.40	\$0.00	\$0.00
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S	\$939.21	\$939.21	\$0.00	\$0.00
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE	\$309.50	\$309.50	\$0.00	\$0.00
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	\$1,651.21	\$1,651.21	\$0.00	\$0.00
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL	\$1,856.89	\$1,856.89	\$0.00	\$0.00
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERI	\$2,062.56	\$2,062.56	\$0.00	\$0.00
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY	\$2,267.94	\$2,267.94	\$0.00	\$0.00
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	\$1,738.27	\$1,738.27	\$0.00	\$0.00

33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC	\$2,085.73	\$2,085.73	\$0.00	\$0.00
33548	PATCH,	\$1,763.03	\$1,763.03	\$0.00	\$0.00
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING	\$232.52	\$232.52	\$0.00	\$0.00
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR P	\$1,913.93	\$1,913.93	\$0.00	\$0.00
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	\$1,749.30	\$1,749.30	\$0.00	\$0.00
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE	\$2,076.87	\$2,076.87	\$0.00	\$0.00
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH	\$2,098.59	\$2,098.59	\$0.00	\$0.00
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORT	\$2,076.87	\$2,076.87	\$0.00	\$0.00
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL	\$2,134.09	\$2,134.09	\$0.00	\$0.00
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL	\$2,158.45	\$2,158.45	\$0.00	\$0.00
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE	\$2,112.67	\$2,112.67	\$0.00	\$0.00
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED	\$2,162.85	\$2,162.85	\$0.00	\$0.00
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC	\$2,422.04	\$2,422.04	\$0.00	\$0.00
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WI	\$1,387.38	\$1,387.38	\$0.00	\$0.00
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULM	\$1,527.33	\$1,527.33	\$0.00	\$0.00
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIR	\$1,894.40	\$1,894.40	\$0.00	\$0.00
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM	\$1,686.70	\$1,686.70	\$0.00	\$0.00
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR	\$1,772.67	\$1,772.67	\$0.00	\$0.00

33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC	\$2,134.09	\$2,134.09	\$0.00	\$0.00
33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	\$1,862.71	\$1,862.71	\$0.00	\$0.00
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH PULM	\$1,919.93	\$1,919.93	\$0.00	\$0.00
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH REMO	\$1,948.40	\$1,948.40	\$0.00	\$0.00
33690	BANDING OF PULMONARY ARTERY	\$1,234.29	\$1,234.29	\$0.00	\$0.00
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	\$2,076.87	\$2,076.87	\$0.00	\$0.00
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA	\$2,105.63	\$2,105.63	\$0.00	\$0.00
33697	INCLUDING	\$2,162.85	\$2,162.85	\$0.00	\$0.00
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	\$1,691.78	\$1,691.78	\$0.00	\$0.00
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH RE	\$1,921.11	\$1,921.11	\$0.00	\$0.00
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	\$1,691.78	\$1,691.78	\$0.00	\$0.00
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	\$1,749.30	\$1,749.30	\$0.00	\$0.00
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC	\$2,094.77	\$2,094.77	\$0.00	\$0.00
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF	\$1,765.34	\$1,765.34	\$0.00	\$0.00
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE	\$1,393.38	\$1,393.38	\$0.00	\$0.00
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPAS	\$1,466.15	\$1,466.15	\$0.00	\$0.00
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE	\$1,408.93	\$1,408.93	\$0.00	\$0.00
33750	OPERATION)	\$1,288.28	\$1,288.28	\$0.00	\$0.00
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	\$1,298.55	\$1,298.55	\$0.00	\$0.00
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATIO	\$1,298.55	\$1,298.55	\$0.00	\$0.00
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	\$1,298.55	\$1,298.55	\$0.00	\$0.00

33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG	\$1,327.01	\$1,327.01	\$0.00	\$0.00
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS	\$1,494.91	\$1,494.91	\$0.00	\$0.00
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY	\$336.31	\$336.31	\$0.00	\$0.00
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL	\$2,155.51	\$2,155.51	\$0.00	\$0.00
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL	\$2,191.61	\$2,191.61	\$0.00	\$0.00
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE	\$1,829.60	\$1,829.60	\$0.00	\$0.00
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE	\$1,865.40	\$1,865.40	\$0.00	\$0.00
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE	\$2,034.37	\$2,034.37	\$0.00	\$0.00
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE	\$1,901.49	\$1,901.49	\$0.00	\$0.00
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,303.44	\$2,303.44	\$0.00	\$0.00
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,310.49	\$2,310.49	\$0.00	\$0.00
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,331.91	\$2,331.91	\$0.00	\$0.00
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,317.53	\$2,317.53	\$0.00	\$0.00
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	\$2,191.61	\$2,191.61	\$0.00	\$0.00
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	\$1,663.68	\$1,663.68	\$0.00	\$0.00
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR	\$885.69	\$885.69	\$0.00	\$0.00
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	\$1,184.11	\$1,184.11	\$0.00	\$0.00
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	\$1,241.04	\$1,241.04	\$0.00	\$0.00
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY	\$1,269.79	\$1,269.79	\$0.00	\$0.00
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYP	\$1,663.32	\$1,663.32	\$0.00	\$0.00
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	\$1,155.35	\$1,155.35	\$0.00	\$0.00

33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	\$1,184.11	\$1,184.11	\$0.00	\$0.00
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	\$1,241.04	\$1,241.04	\$0.00	\$0.00
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU	\$1,546.80	\$1,546.80	\$0.00	\$0.00
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU	\$1,589.94	\$1,589.94	\$0.00	\$0.00
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU	\$1,561.18	\$1,561.18	\$0.00	\$0.00
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR	\$1,632.78	\$1,632.78	\$0.00	\$0.00
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR	\$2,105.63	\$2,105.63	\$0.00	\$0.00
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA	\$1,997.55	\$1,997.55	\$0.00	\$0.00
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA	\$2,055.07	\$2,055.07	\$0.00	\$0.00
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA	\$2,112.29	\$2,112.29	\$0.00	\$0.00
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	\$2,491.00	\$2,491.00	\$0.00	\$0.00
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	\$1,764.53	\$1,764.53	\$0.00	\$0.00
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT	\$2,568.99	\$2,568.99	\$0.00	\$0.00
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,	\$1,394.81	\$1,394.81	\$0.00	\$0.00
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,	\$1,196.79	\$1,196.79	\$0.00	\$0.00
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$882.80	\$882.80	\$0.00	\$0.00
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$331.40	\$331.40	\$0.00	\$0.00
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR	\$761.26	\$761.26	\$0.00	\$0.00
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTI	\$660.98	\$660.98	\$0.00	\$0.00
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL	\$841.96	\$841.96	\$0.00	\$0.00

33910	PULMONARY ARTERY EMBOLLECTOMY; WITH CARDIOPULMONARY BYPASS	\$1,101.70	\$1,101.70	\$0.00	\$0.00
33915	PULMONARY ARTERY EMBOLLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	\$929.18	\$929.18	\$0.00	\$0.00
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLLECTOMY, WITH CARDIOPULM	\$1,263.84	\$1,263.84	\$0.00	\$0.00
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GR	\$1,771.59	\$1,771.59	\$0.00	\$0.00
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRU	\$2,120.01	\$2,120.01	\$0.00	\$0.00
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT,	\$1,430.53	\$1,430.53	\$0.00	\$0.00
33924	PERFORM	\$287.63	\$287.63	\$0.00	\$0.00
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION;	\$1,369.50	\$0.00	\$0.00	\$1,369.50
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION;	\$1,859.13	\$1,859.13	\$0.00	\$0.00
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION) BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG	\$1,440.00	\$1,920.00	\$0.00	\$0.00
33933	ALLOGRAFT P	\$0.00	\$0.00	\$0.00	\$0.00
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	\$2,776.05	\$2,776.05	\$0.00	\$0.00
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION) BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT	\$2,250.00	\$3,000.00	\$0.00	\$0.00
33944	PRIOR	\$0.00	\$0.00	\$0.00	\$0.00
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY	\$3,167.39	\$3,167.39	\$0.00	\$0.00
33960	INSUFFICIENCY PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY	\$778.95	\$778.95	\$0.00	\$0.00
33961	INSUFFICIENCY	\$531.59	\$531.59	\$0.00	\$0.00
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$196.92	\$198.21	\$0.00	\$0.00
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL	\$31.37	\$31.37	\$0.00	\$0.00
33970	AR REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF	\$462.75	\$462.75	\$0.00	\$0.00
33971	FEMO INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE	\$279.06	\$279.06	\$0.00	\$0.00
33973	ASCENDING	\$512.93	\$512.93	\$0.00	\$0.00

33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA	\$543.61	\$543.61	\$0.00	\$0.00
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRIC	\$1,020.70	\$1,020.70	\$0.00	\$0.00
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	\$1,390.86	\$1,390.86	\$0.00	\$0.00
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	\$893.09	\$893.09	\$0.00	\$0.00
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	\$1,020.70	\$1,020.70	\$0.00	\$0.00
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SI	\$955.07	\$955.07	\$0.00	\$0.00
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SING	\$837.56	\$837.56	\$0.00	\$0.00
33999	UNLISTED PROCEDURE, CARDIAC SURGERY R	\$0.00	\$0.00	\$0.00	\$0.00
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLA	\$645.42	\$645.42	\$0.00	\$0.00
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE,	\$674.60	\$674.60	\$0.00	\$0.00
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACH	\$521.42	\$521.42	\$0.00	\$0.00
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR	\$452.90	\$452.90	\$0.00	\$0.00
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC,	\$825.77	\$825.77	\$0.00	\$0.00
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL	\$517.89	\$517.89	\$0.00	\$0.00
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY	\$597.81	\$597.81	\$0.00	\$0.00
34401	ABDOM	\$591.79	\$591.79	\$0.00	\$0.00
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE	\$497.38	\$497.38	\$0.00	\$0.00
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE	\$724.01	\$724.01	\$0.00	\$0.00
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISI	\$375.12	\$375.12	\$0.00	\$0.00

34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, B	\$423.44	\$423.44	\$0.00	\$0.00
34501	VALVULOPLASTY, FEMORAL VEIN	\$502.96	\$502.96	\$0.00	\$0.00
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	\$1,341.34	\$1,341.34	\$0.00	\$0.00
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	\$608.50	\$608.50	\$0.00	\$0.00
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	\$638.54	\$638.54	\$0.00	\$0.00
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$845.42	\$845.42	\$0.00	\$0.00
34800	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT	\$885.31	\$885.31	\$0.00	\$0.00
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT	\$977.29	\$977.29	\$0.00	\$0.00
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT	\$1,024.15	\$1,024.15	\$0.00	\$0.00
34804	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT	\$977.29	\$977.29	\$0.00	\$0.00
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT	\$922.01	\$922.01	\$0.00	\$0.00
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATE	\$168.70	\$168.70	\$0.00	\$0.00
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS,	\$276.20	\$276.20	\$0.00	\$0.00
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORT	\$196.20	\$196.20	\$0.00	\$0.00
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR	\$398.76	\$398.76	\$0.00	\$0.00
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR	\$527.66	\$527.66	\$0.00	\$0.00
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR	\$168.70	\$168.70	\$0.00	\$0.00
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O	\$1,378.68	\$1,378.68	\$0.00	\$0.00
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O	\$1,490.71	\$1,490.71	\$0.00	\$0.00
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O	\$1,490.71	\$1,490.71	\$0.00	\$0.00
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AO	\$491.53	\$491.53	\$0.00	\$0.00

34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR	\$230.44	\$230.44	\$0.00	\$0.00
34900	ENDOVASCULAR GRAFT PLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM,	\$721.91	\$721.91	\$0.00	\$0.00
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,036.03	\$1,036.03	\$0.00	\$0.00
35002	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$967.74	\$967.74	\$0.00	\$0.00
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$816.63	\$816.63	\$0.00	\$0.00
35011	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$731.19	\$731.19	\$0.00	\$0.00
35013	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$936.23	\$936.23	\$0.00	\$0.00
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,077.67	\$1,077.67	\$0.00	\$0.00
35022	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,085.08	\$1,085.08	\$0.00	\$0.00
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$684.85	\$684.85	\$0.00	\$0.00
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,326.86	\$1,326.86	\$0.00	\$0.00
35082	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,571.70	\$1,571.70	\$0.00	\$0.00
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,535.88	\$1,535.88	\$0.00	\$0.00
35092	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,889.34	\$1,889.34	\$0.00	\$0.00
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,386.89	\$1,386.89	\$0.00	\$0.00
35103	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,747.01	\$1,747.01	\$0.00	\$0.00
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,005.65	\$1,005.65	\$0.00	\$0.00
35112	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$844.22	\$844.22	\$0.00	\$0.00

35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,325.97	\$1,325.97	\$0.00	\$0.00
35122	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,518.22	\$1,518.22	\$0.00	\$0.00
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,001.31	\$1,001.31	\$0.00	\$0.00
35132	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$1,186.63	\$1,186.63	\$0.00	\$0.00
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$853.95	\$853.95	\$0.00	\$0.00
35142	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$939.56	\$939.56	\$0.00	\$0.00
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$945.88	\$945.88	\$0.00	\$0.00
35152	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT	\$749.67	\$749.67	\$0.00	\$0.00
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	\$590.46	\$590.46	\$0.00	\$0.00
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$797.79	\$797.79	\$0.00	\$0.00
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	\$625.22	\$625.22	\$0.00	\$0.00
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	\$640.56	\$640.56	\$0.00	\$0.00
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOME	\$859.95	\$859.95	\$0.00	\$0.00
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	\$675.30	\$675.30	\$0.00	\$0.00
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	\$578.39	\$578.39	\$0.00	\$0.00
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$570.70	\$570.70	\$0.00	\$0.00
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$602.43	\$602.43	\$0.00	\$0.00
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	\$1,013.08	\$1,013.08	\$0.00	\$0.00
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	\$839.36	\$839.36	\$0.00	\$0.00
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	\$794.29	\$794.29	\$0.00	\$0.00
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	\$562.85	\$562.85	\$0.00	\$0.00
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	\$756.05	\$756.05	\$0.00	\$0.00
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	\$660.14	\$660.14	\$0.00	\$0.00
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	\$1,045.62	\$1,045.62	\$0.00	\$0.00
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	\$1,039.17	\$1,039.17	\$0.00	\$0.00
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	\$775.92	\$775.92	\$0.00	\$0.00

35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	\$688.21	\$688.21	\$0.00	\$0.00
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	\$722.49	\$722.49	\$0.00	\$0.00
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	\$635.28	\$635.28	\$0.00	\$0.00
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BY	\$989.56	\$989.56	\$0.00	\$0.00
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT	\$848.30	\$848.30	\$0.00	\$0.00
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	\$988.75	\$988.75	\$0.00	\$0.00
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID,	\$687.02	\$687.02	\$0.00	\$0.00
35301	VERTEBRAL THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN,	\$924.15	\$924.15	\$0.00	\$0.00
35311	INNOMI THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-	\$1,367.17	\$1,367.17	\$0.00	\$0.00
35321	BRACHIAL THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL	\$738.10	\$738.10	\$0.00	\$0.00
35331	AORTA THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC,	\$1,072.40	\$1,072.40	\$0.00	\$0.00
35341	CELIAC	\$1,246.23	\$1,246.23	\$0.00	\$0.00
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	\$1,035.08	\$1,035.08	\$0.00	\$0.00
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	\$929.63	\$929.63	\$0.00	\$0.00
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIA	\$1,263.78	\$1,263.78	\$0.00	\$0.00
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED	\$1,397.25	\$1,397.25	\$0.00	\$0.00
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	\$704.10	\$704.10	\$0.00	\$0.00
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FE	\$716.15	\$716.15	\$0.00	\$0.00
35381	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; FEMORAL AND/OR	\$857.99	\$857.99	\$0.00	\$0.00
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER	\$147.88	\$147.88	\$0.00	\$0.00
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVE	\$151.60	\$151.60	\$0.00	\$0.00
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	\$674.76	\$674.76	\$0.00	\$0.00

35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	\$334.26	\$334.26	\$0.00	\$0.00
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	\$421.75	\$421.75	\$0.00	\$0.00
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	\$509.13	\$509.13	\$0.00	\$0.00
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANC	\$594.64	\$594.64	\$0.00	\$0.00
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCH	\$572.98	\$572.98	\$0.00	\$0.00
35460	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; VENOUS	\$279.97	\$279.97	\$0.00	\$0.00
35470	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK OR	\$572.98	\$572.98	\$0.00	\$0.00
35471	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTE	\$674.76	\$674.76	\$0.00	\$0.00
35472	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; AORTIC	\$320.25	\$320.25	\$0.00	\$0.00
35473	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; ILIAC	\$421.75	\$421.75	\$0.00	\$0.00
35474	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC	\$509.70	\$509.70	\$0.00	\$0.00
35475	TRUNK	\$594.64	\$594.64	\$0.00	\$0.00
35476	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; VENOUS	\$279.97	\$279.97	\$0.00	\$0.00
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ART	\$718.88	\$718.88	\$0.00	\$0.00
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	\$354.80	\$354.80	\$0.00	\$0.00
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	\$460.57	\$460.57	\$0.00	\$0.00
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	\$556.62	\$556.62	\$0.00	\$0.00
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR	\$622.52	\$622.52	\$0.00	\$0.00
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRA	\$425.46	\$425.46	\$0.00	\$0.00
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISC	\$718.88	\$718.88	\$0.00	\$0.00
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	\$354.80	\$354.80	\$0.00	\$0.00
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	\$460.57	\$460.57	\$0.00	\$0.00
35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL- POPLITEAL	\$556.62	\$556.62	\$0.00	\$0.00
35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOCEPHALIC TRU	\$622.52	\$622.52	\$0.00	\$0.00

35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK	\$425.46	\$425.46	\$0.00	\$0.00
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR	\$210.19	\$210.19	\$0.00	\$0.00
35501	BYPASS GRAFT, WITH VEIN; CAROTID	\$1,138.74	\$1,138.74	\$0.00	\$0.00
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN	\$1,137.56	\$1,137.56	\$0.00	\$0.00
35507	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-CAROTID	\$1,103.30	\$1,103.30	\$0.00	\$0.00
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	\$1,074.09	\$1,074.09	\$0.00	\$0.00
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID	\$1,092.22	\$1,092.22	\$0.00	\$0.00
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	\$975.05	\$975.05	\$0.00	\$0.00
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	\$777.20	\$777.20	\$0.00	\$0.00
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	\$956.29	\$956.29	\$0.00	\$0.00
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	\$855.59	\$855.59	\$0.00	\$0.00
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	\$988.55	\$988.55	\$0.00	\$0.00
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	\$962.99	\$962.99	\$0.00	\$0.00
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	\$985.63	\$985.63	\$0.00	\$0.00
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	\$928.60	\$928.60	\$0.00	\$0.00
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	\$886.32	\$886.32	\$0.00	\$0.00
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	\$953.30	\$953.30	\$0.00	\$0.00
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	\$1,347.14	\$1,347.14	\$0.00	\$0.00
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	\$1,233.91	\$1,233.91	\$0.00	\$0.00
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	\$1,309.80	\$1,309.80	\$0.00	\$0.00
35541	BYPASS GRAFT, WITH VEIN; AORTOILIAC OR BI-ILIAC	\$1,322.29	\$1,322.29	\$0.00	\$0.00
35546	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL OR BIFEMORAL	\$1,386.47	\$1,386.47	\$0.00	\$0.00
35548	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	\$1,203.75	\$1,203.75	\$0.00	\$0.00
35549	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	\$1,320.15	\$1,320.15	\$0.00	\$0.00
35551	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL	\$1,348.94	\$1,348.94	\$0.00	\$0.00
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	\$1,045.93	\$1,045.93	\$0.00	\$0.00
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	\$894.82	\$894.82	\$0.00	\$0.00
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	\$1,286.91	\$1,286.91	\$0.00	\$0.00
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	\$670.29	\$670.29	\$0.00	\$0.00
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	\$965.59	\$965.59	\$0.00	\$0.00
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL,	\$1,245.24	\$1,245.24	\$0.00	\$0.00
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER D	\$1,102.17	\$1,102.17	\$0.00	\$0.00
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCT	\$278.71	\$278.71	\$0.00	\$0.00

35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	\$1,117.21	\$1,117.21	\$0.00	\$0.00
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PER	\$1,287.06	\$1,287.06	\$0.00	\$0.00
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY	\$1,178.19	\$1,178.19	\$0.00	\$0.00
35600	ARTERY BY	\$207.06	\$207.06	\$0.00	\$0.00
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	\$1,061.04	\$1,061.04	\$0.00	\$0.00
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	\$1,066.59	\$1,066.59	\$0.00	\$0.00
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	\$951.71	\$951.71	\$0.00	\$0.00
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	\$955.70	\$955.70	\$0.00	\$0.00
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	\$934.91	\$934.91	\$0.00	\$0.00
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	\$714.35	\$714.35	\$0.00	\$0.00
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	\$1,302.44	\$1,302.44	\$0.00	\$0.00
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL	\$1,245.65	\$1,245.65	\$0.00	\$0.00
35636	ARTE	\$1,042.24	\$1,042.24	\$0.00	\$0.00
35641	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC OR BI-ILIAC	\$1,315.82	\$1,315.82	\$0.00	\$0.00
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	\$820.57	\$820.57	\$0.00	\$0.00
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	\$823.95	\$823.95	\$0.00	\$0.00
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	\$1,457.00	\$1,457.00	\$0.00	\$0.00
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	\$1,189.26	\$1,189.26	\$0.00	\$0.00
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	\$917.63	\$917.63	\$0.00	\$0.00
35651	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	\$1,454.66	\$1,454.66	\$0.00	\$0.00
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	\$1,217.20	\$1,217.20	\$0.00	\$0.00
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	\$969.73	\$969.73	\$0.00	\$0.00
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	\$832.01	\$832.01	\$0.00	\$0.00
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	\$908.67	\$908.67	\$0.00	\$0.00
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	\$976.19	\$976.19	\$0.00	\$0.00
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR	\$1,103.86	\$1,103.86	\$0.00	\$0.00
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTE	\$874.97	\$874.97	\$0.00	\$0.00
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDIT BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM	\$601.23	\$601.23	\$0.00	\$0.00
35682	TWO	\$344.11	\$345.93	\$0.00	\$0.00

35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FRO	\$393.97	\$396.57	\$0.00	\$0.00
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT,	\$165.52	\$165.52	\$0.00	\$0.00
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS	\$136.91	\$136.91	\$0.00	\$0.00
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	\$1,108.86	\$1,108.86	\$0.00	\$0.00
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	\$709.64	\$709.64	\$0.00	\$0.00
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	\$825.59	\$825.59	\$0.00	\$0.00
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	\$825.59	\$825.59	\$0.00	\$0.00
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH	\$122.87	\$122.87	\$0.00	\$0.00
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL,	\$142.80	\$142.80	\$0.00	\$0.00
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O	\$319.70	\$319.70	\$0.00	\$0.00
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O	\$309.32	\$309.32	\$0.00	\$0.00
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O	\$314.85	\$314.85	\$0.00	\$0.00
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O	\$316.76	\$316.76	\$0.00	\$0.00
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NEC	\$342.42	\$342.42	\$0.00	\$0.00
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHE	\$588.74	\$588.74	\$0.00	\$0.00
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABD	\$482.15	\$482.15	\$0.00	\$0.00
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION;	\$317.00	\$317.00	\$0.00	\$0.00
35870	REPAIR OF GRAFT-ENTERIC FISTULA	\$942.55	\$942.55	\$0.00	\$0.00
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF	\$526.45	\$526.45	\$0.00	\$0.00

35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN;	\$639.13	\$639.13	\$0.00	\$0.00
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN;	\$727.03	\$727.03	\$0.00	\$0.00
35881	EXCISION OF INFECTED GRAFT; NECK	\$798.37	\$798.37	\$0.00	\$0.00
35901	EXCISION OF INFECTED GRAFT; EXTREMITY	\$440.80	\$440.80	\$0.00	\$0.00
35903	EXCISION OF INFECTED GRAFT; THORAX	\$481.29	\$481.29	\$0.00	\$0.00
35905	EXCISION OF INFECTED GRAFT; ABDOMEN	\$723.67	\$723.67	\$0.00	\$0.00
35907	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$746.85	\$746.85	\$0.00	\$0.00
36000	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTR	\$9.47	\$12.69	\$0.00	\$0.00
36002	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING	\$84.99	\$134.56	\$0.00	\$0.00
36005	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	\$41.45	\$41.45	\$0.00	\$0.00
36010	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH	\$135.43	\$135.43	\$0.00	\$0.00
36011	(EG, R	\$148.45	\$148.45	\$0.00	\$0.00
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE	\$182.68	\$182.68	\$0.00	\$0.00
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	\$138.07	\$138.07	\$0.00	\$0.00
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	\$156.33	\$156.33	\$0.00	\$0.00
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTE	\$182.68	\$182.68	\$0.00	\$0.00
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	\$165.86	\$165.86	\$0.00	\$0.00
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	\$128.50	\$128.50	\$0.00	\$0.00
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	\$102.63	\$102.63	\$0.00	\$0.00
36145	INTRODUCTION OF NEEDLE OR INTRACATHETER; ARTERIOVENOUS SHUNT CREATED F	\$139.82	\$139.82	\$0.00	\$0.00
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	\$144.68	\$144.68	\$0.00	\$0.00
36200	INTRODUCTION OF CATHETER, AORTA	\$168.64	\$168.64	\$0.00	\$0.00
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORAC	\$211.32	\$211.32	\$0.00	\$0.00
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER	\$249.74	\$249.74	\$0.00	\$0.00

36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR		\$297.78	\$297.78	\$0.00	\$0.00
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER		\$47.48	\$47.48	\$0.00	\$0.00
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMI		\$239.58	\$239.58	\$0.00	\$0.00
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER		\$249.74	\$249.74	\$0.00	\$0.00
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR		\$297.78	\$297.78	\$0.00	\$0.00
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER		\$47.48	\$47.48	\$0.00	\$0.00
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTH		\$487.06	\$487.06	\$0.00	\$0.00
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP		\$217.91	\$217.91	\$0.00	\$0.00
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP		\$170.06	\$170.06	\$0.00	\$0.00
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	R	\$0.00	\$0.00	\$0.00	\$0.00
36400	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT		\$6.73	\$7.94	\$0.00	\$0.00
36405	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT		\$0.00	\$18.08	\$0.00	\$0.00
36406	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT		\$0.00	\$9.82	\$0.00	\$0.00
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING PHYSICIAN'S SKILL		\$0.00	\$11.67	\$0.00	\$0.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE		\$0.00	\$8.45	\$0.00	\$0.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)		\$3.27	\$3.27	\$0.00	\$0.00
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR		\$44.53	\$44.53	\$0.00	\$0.00
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER		\$24.69	\$24.69	\$0.00	\$0.00
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS		\$14.58	\$27.45	\$0.00	\$0.00
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER		\$57.14	\$57.14	\$0.00	\$0.00
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN		\$95.02	\$120.24	\$0.00	\$0.00
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN		\$137.54	\$137.54	\$0.00	\$0.00
36460	TRANSFUSION, INTRAUTERINE, FETAL		\$346.19	\$346.19	\$0.00	\$0.00
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	R	\$0.00	\$0.00	\$0.00	\$0.00
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	R	\$50.17	\$55.40	\$0.00	\$0.00

36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	R	\$273.52	\$1,520.24	\$0.00	\$0.00
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	R	\$134.04	\$306.01	\$0.00	\$0.00
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	R	\$273.52	\$1,402.36	\$0.00	\$0.00
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	R	\$134.04	\$308.82	\$0.00	\$0.00
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD		\$362.09	\$362.09	\$0.00	\$0.00
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING		\$105.68	\$105.68	\$0.00	\$0.00
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN		\$37.03	\$41.59	\$0.00	\$0.00
36511	THERAPEUTIC Apheresis; FOR WHITE BLOOD CELLS		\$69.62	\$69.62	\$0.00	\$0.00
36512	THERAPEUTIC Apheresis; FOR RED BLOOD CELLS		\$69.62	\$69.62	\$0.00	\$0.00
36513	THERAPEUTIC Apheresis; FOR PLATELETS		\$69.62	\$69.62	\$0.00	\$0.00
36514	THERAPEUTIC Apheresis; FOR PLASMA PHERESIS		\$69.62	\$69.62	\$0.00	\$0.00
36515	THERAPEUTIC Apheresis; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA		\$69.62	\$69.62	\$0.00	\$0.00
36516	THERAPEUTIC Apheresis; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR		\$69.62	\$69.62	\$0.00	\$0.00
36522	PHOTOPHERESIS, EXTRACORPOREAL		\$124.51	\$124.51	\$0.00	\$0.00
36540	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCE		\$17.99	\$17.99	\$0.00	\$0.00
36550	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE O		\$20.89	\$20.89	\$0.00	\$0.00
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER;		\$102.82	\$237.45	\$0.00	\$0.00
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER;		\$93.53	\$204.27	\$0.00	\$0.00
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITH		\$227.78	\$511.70	\$0.00	\$0.00
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITH		\$216.32	\$500.50	\$0.00	\$0.00
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,		\$270.61	\$948.94	\$0.00	\$0.00
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,		\$261.39	\$939.72	\$0.00	\$0.00

36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE	\$271.50	\$882.00	\$0.00	\$0.00
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$261.39	\$760.11	\$0.00	\$0.00
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$279.86	\$795.03	\$0.00	\$0.00
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WIT	\$75.58	\$273.17	\$0.00	\$0.00
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WIT	\$71.15	\$230.20	\$0.00	\$0.00
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$235.91	\$1,208.95	\$0.00	\$0.00
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$235.08	\$1,088.38	\$0.00	\$0.00
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WIT	\$41.28	\$120.68	\$0.00	\$0.00
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP	\$152.03	\$305.17	\$0.00	\$0.00
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED	\$172.26	\$387.06	\$0.00	\$0.00
36580	CENTRAL VE	\$52.36	\$192.65	\$0.00	\$0.00
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	\$161.28	\$455.48	\$0.00	\$0.00
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	\$235.54	\$849.89	\$0.00	\$0.00
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	\$237.49	\$503.94	\$0.00	\$0.00
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHE	\$52.79	\$201.05	\$0.00	\$0.00
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCES	\$220.69	\$1,065.26	\$0.00	\$0.00
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	\$108.02	\$126.26	\$0.00	\$0.00
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PO	\$147.18	\$267.94	\$0.00	\$0.00

36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SH	\$148.07	\$596.95	\$0.00	\$0.00
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIA	\$35.73	\$136.71	\$0.00	\$0.00
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL	\$47.66	\$118.06	\$0.00	\$0.00
36598	VE	\$90.87	\$90.97	\$0.00	\$0.00
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$17.39	\$17.39	\$0.00	\$0.00
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR	\$54.85	\$54.85	\$0.00	\$0.00
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR	\$89.36	\$89.36	\$0.00	\$0.00
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY)	\$133.57	\$133.57	\$0.00	\$0.00
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	\$55.20	\$55.20	\$0.00	\$0.00
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$70.90	\$70.90	\$0.00	\$0.00
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU	\$137.65	\$137.65	\$0.00	\$0.00
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU	\$264.56	\$264.56	\$0.00	\$0.00
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU	\$183.74	\$183.74	\$0.00	\$0.00
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSIT	\$544.36	\$544.36	\$0.00	\$0.00
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITI	\$612.48	\$612.48	\$0.00	\$0.00
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION	\$610.47	\$610.47	\$0.00	\$0.00
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) INSERTION OF CANNULA(S) FOR PROLONGED EXTRACORPOREAL CIRCULATION	\$475.86	\$475.86	\$0.00	\$0.00
36822	FOR	\$316.51	\$316.51	\$0.00	\$0.00
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREA	\$936.63	\$936.63	\$0.00	\$0.00
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$628.76	\$628.76	\$0.00	\$0.00

36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION,	\$552.78	\$552.78	\$0.00	\$0.00
36831	AUTOGENOUS REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY,	\$322.84	\$322.84	\$0.00	\$0.00
36832	AUTOGENOU REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY,	\$429.83	\$429.83	\$0.00	\$0.00
36833	AUTOGENOUS O	\$492.02	\$492.02	\$0.00	\$0.00
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	\$523.03	\$523.03	\$0.00	\$0.00
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	\$302.83	\$302.83	\$0.00	\$0.00
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON	\$909.16	\$909.16	\$0.00	\$0.00
36860	CATH	\$138.36	\$138.36	\$0.00	\$0.00
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETE	\$184.85	\$184.85	\$0.00	\$0.00
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR	\$214.29	\$941.19	\$0.00	\$0.00
37140	VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	\$1,168.05	\$1,168.05	\$0.00	\$0.00
37145	VENOUS ANASTOMOSIS, OPEN; RENOPORTAL	\$1,180.85	\$1,180.85	\$0.00	\$0.00
37160	VENOUS ANASTOMOSIS, OPEN; CAVAL-MESENTERIC	\$1,159.19	\$1,159.19	\$0.00	\$0.00
37180	VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, PROXIMAL	\$1,127.27	\$1,127.27	\$0.00	\$0.00
37181	VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION	\$1,264.26	\$1,264.26	\$0.00	\$0.00
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS)	\$691.70	\$691.70	\$0.00	\$0.00
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS)	\$321.59	\$321.59	\$0.00	\$0.00
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY	\$356.92	\$2,105.80	\$0.00	\$0.00
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY	\$131.08	\$688.35	\$0.00	\$0.00
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING	\$331.84	\$2,047.29	\$0.00	\$0.00
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING	\$239.47	\$1,764.83	\$0.00	\$0.00
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	\$211.50	\$211.50	\$0.00	\$0.00

37200	TRANSCATHETER BIOPSY	\$179.61	\$179.61	\$0.00	\$0.00
37201	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY	\$375.81	\$375.81	\$0.00	\$0.00
37202	TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE	\$294.15	\$294.15	\$0.00	\$0.00
37203	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (	\$260.99	\$260.99	\$0.00	\$0.00
37204	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO	\$940.24	\$940.24	\$0.00	\$0.00
37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (EXCEPT CORONARY	\$391.57	\$391.57	\$0.00	\$0.00
37206	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (EXCEPT CORONARY	\$195.49	\$195.49	\$0.00	\$0.00
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY	\$391.57	\$391.57	\$0.00	\$0.00
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY	\$195.49	\$195.49	\$0.00	\$0.00
37209	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOL	\$107.10	\$107.10	\$0.00	\$0.00
37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID AR	\$815.30	\$815.30	\$0.00	\$0.00
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID AR	\$785.20	\$785.20	\$0.00	\$0.00
37250	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING DIAGNOSTIC EVALU	\$76.05	\$76.05	\$0.00	\$0.00
37251	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING DIAGNOSTIC EVALU	\$57.99	\$57.99	\$0.00	\$0.00
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFA	\$550.53	\$550.53	\$0.00	\$0.00
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	\$0.00	\$0.00	\$0.00	\$0.00
37565	LIGATION, INTERNAL JUGULAR VEIN	\$234.08	\$234.08	\$0.00	\$0.00
37600	LIGATION; EXTERNAL CAROTID ARTERY	\$267.45	\$267.45	\$0.00	\$0.00
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	\$310.26	\$310.26	\$0.00	\$0.00
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, A	\$312.14	\$312.14	\$0.00	\$0.00
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$270.69	\$270.69	\$0.00	\$0.00
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$135.39	\$135.39	\$0.00	\$0.00

37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	\$306.53	\$306.53	\$0.00	\$0.00
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	\$564.15	\$564.15	\$0.00	\$0.00
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	\$668.38	\$668.38	\$0.00	\$0.00
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	\$273.77	\$273.77	\$0.00	\$0.00
37620	INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY SUTURE,	\$543.40	\$543.40	\$0.00	\$0.00
37650	LIGATION OF FEMORAL VEIN	\$249.28	\$249.28	\$0.00	\$0.00
37660	LIGATION OF COMMON ILIAC VEIN	\$463.39	\$463.39	\$0.00	\$0.00
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTIO	\$218.66	\$218.66	\$0.00	\$0.00
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$308.05	\$308.05	\$0.00	\$0.00
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	\$366.19	\$366.19	\$0.00	\$0.00
37735	SAPHENOU	\$555.02	\$555.02	\$0.00	\$0.00
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH	\$528.06	\$528.06	\$0.00	\$0.00
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISION	\$340.01	\$340.01	\$0.00	\$0.00
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISI	\$414.34	\$414.34	\$0.00	\$0.00
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNC	\$162.49	\$162.49	\$0.00	\$0.00
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE L	\$135.12	\$135.12	\$0.00	\$0.00
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$1,067.94	\$1,067.94	\$0.00	\$0.00
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	\$401.58	\$401.58	\$0.00	\$0.00
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	\$0.00	\$0.00	\$0.00	\$0.00
38100	SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)	\$625.14	\$625.14	\$0.00	\$0.00
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	\$593.61	\$593.61	\$0.00	\$0.00
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH	\$222.27	\$222.27	\$0.00	\$0.00
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL	\$610.56	\$610.56	\$0.00	\$0.00
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$683.05	\$683.05	\$0.00	\$0.00
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	\$126.98	\$126.98	\$0.00	\$0.00

38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA	\$0.00	\$0.00	\$0.00	\$0.00
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA	\$60.14	\$60.14	\$0.00	\$0.00
38206	TRANSPLANTA	\$60.14	\$60.14	\$0.00	\$0.00
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVA	\$47.87	\$47.87	\$0.00	\$0.00
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF	\$52.26	\$52.26	\$0.00	\$0.00
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF	\$46.23	\$46.23	\$0.00	\$0.00
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CEL	\$50.08	\$50.08	\$0.00	\$0.00
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL	\$50.08	\$50.08	\$0.00	\$0.00
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CE	\$50.08	\$50.08	\$0.00	\$0.00
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA	\$50.08	\$50.08	\$0.00	\$0.00
38214	(VOLUME	\$41.58	\$41.58	\$0.00	\$0.00
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL	\$50.08	\$50.08	\$0.00	\$0.00
38220	BONE MARROW; ASPIRATION ONLY	\$43.19	\$151.60	\$0.00	\$0.00
38221	BONE MARROW; BIOPSY, NEEDLE OR TROCAR	\$54.88	\$162.78	\$0.00	\$0.00
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION	\$172.39	\$172.39	\$0.00	\$0.00
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;	\$124.92	\$124.92	\$0.00	\$0.00
38241	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;	\$123.60	\$123.60	\$0.00	\$0.00
38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;	\$68.50	\$68.50	\$0.00	\$0.00
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	\$53.64	\$61.42	\$0.00	\$0.00
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	\$185.74	\$185.74	\$0.00	\$0.00
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$234.84	\$234.84	\$0.00	\$0.00
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	\$329.17	\$329.17	\$0.00	\$0.00
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	\$594.28	\$594.28	\$0.00	\$0.00

38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	\$428.41	\$428.41	\$0.00	\$0.00
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	\$133.22	\$133.22	\$0.00	\$0.00
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVI	\$52.60	\$67.62	\$0.00	\$0.00
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	\$193.50	\$193.50	\$0.00	\$0.00
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH	\$236.41	\$236.41	\$0.00	\$0.00
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	\$210.58	\$210.58	\$0.00	\$0.00
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	\$271.60	\$271.60	\$0.00	\$0.00
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$287.35	\$287.35	\$0.00	\$0.00
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP	\$290.33	\$290.33	\$0.00	\$0.00
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP				
38555	NEUROVASCUL	\$611.46	\$611.46	\$0.00	\$0.00
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC				
38562	AND	\$496.86	\$496.86	\$0.00	\$0.00
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE);				
38564	RETROPERITON	\$528.34	\$528.34	\$0.00	\$0.00
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING				
38570	(BIOPS	\$434.46	\$434.46	\$0.00	\$0.00
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$565.05	\$565.05	\$0.00	\$0.00
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY				
38572	AND	\$657.19	\$0.00	\$0.00	\$0.00
38700	SUPRAHYOID LYMPHADENECTOMY	\$512.23	\$512.23	\$0.00	\$0.00
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$832.11	\$832.11	\$0.00	\$0.00
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	\$821.68	\$821.68	\$0.00	\$0.00
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	\$335.18	\$335.18	\$0.00	\$0.00
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	\$501.95	\$501.95	\$0.00	\$0.00
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND				
38746	PERITRAC	\$203.12	\$203.12	\$0.00	\$0.00
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC,				
38747	PORTAL	\$226.49	\$226.49	\$0.00	\$0.00
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS				
38760	NODE	\$450.96	\$450.96	\$0.00	\$0.00
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH				
38765	PELVIC	\$838.20	\$838.20	\$0.00	\$0.00

38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE,		\$810.15	\$810.15	\$0.00	\$0.00
38780	INCLUDING		\$951.96	\$951.96	\$0.00	\$0.00
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY		\$86.46	\$86.46	\$0.00	\$0.00
38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE		\$113.93	\$113.93	\$0.00	\$0.00
38794	CANNULATION, THORACIC DUCT		\$204.25	\$204.25	\$0.00	\$0.00
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	R	\$0.00	\$0.00	\$0.00	\$0.00
	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY,					
39000	OR		\$336.11	\$336.11	\$0.00	\$0.00
	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY,					
39010	OR		\$674.24	\$674.24	\$0.00	\$0.00
39200	EXCISION OF MEDIASTINAL CYST		\$726.46	\$726.46	\$0.00	\$0.00
39220	EXCISION OF MEDIASTINAL TUMOR		\$943.68	\$943.68	\$0.00	\$0.00
39400	MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY		\$310.36	\$310.36	\$0.00	\$0.00
39499	UNLISTED PROCEDURE, MEDIASTINUM	R	\$0.00	\$0.00	\$0.00	\$0.00
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH		\$692.01	\$692.01	\$0.00	\$0.00
	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR					
39502	WITHOUT		\$824.95	\$824.95	\$0.00	\$0.00
	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE					
39503	INSE		\$1,721.61	\$1,721.61	\$0.00	\$0.00
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC		\$841.29	\$841.29	\$0.00	\$0.00
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED,		\$860.23	\$860.23	\$0.00	\$0.00
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED,		\$758.86	\$758.86	\$0.00	\$0.00
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE		\$737.37	\$737.37	\$0.00	\$0.00
	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC;					
39541	CHRONIC		\$768.14	\$768.14	\$0.00	\$0.00
	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR					
39545	TRANSABDOMI		\$598.78	\$598.78	\$0.00	\$0.00
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)		\$602.51	\$602.51	\$0.00	\$0.00
	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL,					
39561	LO		\$827.49	\$827.49	\$0.00	\$0.00
39599	UNLISTED PROCEDURE, DIAPHRAGM	R	\$0.00	\$0.00	\$0.00	\$0.00
40490	BIOPSY OF LIP		\$47.42	\$57.35	\$0.00	\$0.00
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT		\$282.84	\$282.84	\$0.00	\$0.00
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE		\$310.91	\$310.91	\$0.00	\$0.00

40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE		\$270.44	\$270.44	\$0.00	\$0.00
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG,		\$497.22	\$497.22	\$0.00	\$0.00
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP		\$595.01	\$595.01	\$0.00	\$0.00
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION		\$305.60	\$305.60	\$0.00	\$0.00
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY		\$238.10	\$238.10	\$0.00	\$0.00
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT		\$279.20	\$279.20	\$0.00	\$0.00
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX		\$351.05	\$351.05	\$0.00	\$0.00
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPL		\$611.31	\$611.31	\$0.00	\$0.00
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE ST		\$1,000.92	\$1,000.92	\$0.00	\$0.00
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF		\$640.15	\$640.15	\$0.00	\$0.00
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION		\$679.54	\$679.54	\$0.00	\$0.00
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FL		\$743.84	\$743.84	\$0.00	\$0.00
40799	UNLISTED PROCEDURE, LIPS	R	\$175.00	\$227.50	\$0.00	\$0.00
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE		\$44.49	\$54.41	\$0.00	\$0.00
	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;					
40801	COMPLICATED		\$99.46	\$122.26	\$0.00	\$0.00
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE		\$44.16	\$51.93	\$0.00	\$0.00
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED		\$151.81	\$151.81	\$0.00	\$0.00
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)		\$19.48	\$19.48	\$0.00	\$0.00
40808	BIOPSY, VESTIBULE OF MOUTH		\$38.84	\$49.03	\$0.00	\$0.00
	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH;					
40810	WITHOUT		\$55.47	\$71.30	\$0.00	\$0.00
	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH					
40812	S		\$89.83	\$109.95	\$0.00	\$0.00
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH		\$147.05	\$190.36	\$0.00	\$0.00
	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH;					
40816	COMPLE		\$154.49	\$197.67	\$0.00	\$0.00
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT		\$131.53	\$131.53	\$0.00	\$0.00

40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHOD		\$86.21	\$102.71	\$0.00	\$0.00
40820			\$44.66	\$51.77	\$0.00	\$0.00
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS		\$69.85	\$69.85	\$0.00	\$0.00
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX VESTIBULOPLASTY; ANTERIOR		\$127.86	\$127.86	\$0.00	\$0.00
40840			\$430.02	\$430.02	\$0.00	\$0.00
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL		\$430.02	\$430.02	\$0.00	\$0.00
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL		\$602.33	\$602.33	\$0.00	\$0.00
40844	VESTIBULOPLASTY; ENTIRE ARCH		\$796.00	\$796.00	\$0.00	\$0.00
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITION		\$1,216.78	\$1,216.78	\$0.00	\$0.00
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	R	\$75.00	\$97.50	\$0.00	\$0.00
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		\$48.82	\$59.01	\$0.00	\$0.00
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		\$53.84	\$53.84	\$0.00	\$0.00
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		\$118.67	\$118.67	\$0.00	\$0.00
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		\$169.88	\$169.88	\$0.00	\$0.00
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		\$109.61	\$123.83	\$0.00	\$0.00
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		\$195.34	\$195.34	\$0.00	\$0.00
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)		\$45.81	\$45.81	\$0.00	\$0.00
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR		\$134.92	\$134.92	\$0.00	\$0.00
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR		\$217.36	\$217.36	\$0.00	\$0.00
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR		\$150.11	\$150.11	\$0.00	\$0.00
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR		\$254.03	\$254.03	\$0.00	\$0.00
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS		\$59.04	\$69.76	\$0.00	\$0.00
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD		\$56.93	\$70.74	\$0.00	\$0.00

41108	BIOPSY OF FLOOR OF MOUTH		\$42.93	\$54.33	\$0.00	\$0.00
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE		\$63.92	\$81.35	\$0.00	\$0.00
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS		\$114.81	\$146.87	\$0.00	\$0.00
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD		\$145.39	\$191.12	\$0.00	\$0.00
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP		\$420.36	\$420.36	\$0.00	\$0.00
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)		\$101.46	\$101.46	\$0.00	\$0.00
41116	EXCISION, LESION OF FLOOR OF MOUTH		\$142.60	\$142.60	\$0.00	\$0.00
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE		\$475.75	\$475.75	\$0.00	\$0.00
41130	GLOSSECTOMY; HEMIGLOSSECTOMY		\$572.07	\$572.07	\$0.00	\$0.00
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION		\$974.31	\$974.31	\$0.00	\$0.00
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT		\$1,254.60	\$1,254.60	\$0.00	\$0.00
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH		\$1,492.25	\$1,492.25	\$0.00	\$0.00
41150	AND GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH,		\$1,136.41	\$1,136.41	\$0.00	\$0.00
41153	WITH GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH,		\$1,365.67	\$1,365.67	\$0.00	\$0.00
41155	MANDIB GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH,		\$1,581.07	\$1,581.07	\$0.00	\$0.00
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR		\$85.95	\$85.95	\$0.00	\$0.00
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE		\$125.77	\$125.77	\$0.00	\$0.00
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX		\$155.03	\$155.03	\$0.00	\$0.00
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)		\$197.26	\$197.26	\$0.00	\$0.00
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)		\$176.21	\$176.21	\$0.00	\$0.00
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)		\$161.22	\$161.22	\$0.00	\$0.00
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	R	\$0.00	\$0.00	\$0.00	\$0.00
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES		\$43.82	\$53.07	\$0.00	\$0.00
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT		\$59.39	\$59.39	\$0.00	\$0.00

	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES;				
41806	BONE	\$103.11	\$125.10	\$0.00	\$0.00
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	\$56.25	\$75.00	\$0.00	\$0.00
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	\$56.25	\$75.00	\$0.00	\$0.00
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$153.66	\$153.66	\$0.00	\$0.00
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$213.35	\$213.35	\$0.00	\$0.00
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR	\$60.36	\$80.34	\$0.00	\$0.00
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR	\$98.45	\$126.21	\$0.00	\$0.00
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR	\$155.88	\$206.57	\$0.00	\$0.00
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	\$206.39	\$206.39	\$0.00	\$0.00
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$223.87	\$223.87	\$0.00	\$0.00
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	\$112.50	\$150.00	\$0.00	\$0.00
41870	PERIODONTAL MUCOSAL GRAFTING	\$187.50	\$250.00	\$0.00	\$0.00
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	\$165.60	\$165.60	\$0.00	\$0.00
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	\$199.46	\$199.46	\$0.00	\$0.00
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$70.00	\$0.00	\$0.00	\$0.00
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$44.40	\$52.71	\$0.00	\$0.00
42100	BIOPSY OF PALATE, UVULA	\$49.51	\$60.11	\$0.00	\$0.00
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	\$72.51	\$94.24	\$0.00	\$0.00
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	\$112.05	\$141.82	\$0.00	\$0.00
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	\$201.24	\$267.09	\$0.00	\$0.00
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$367.77	\$367.77	\$0.00	\$0.00
42140	UVULECTOMY, EXCISION OF UVULA	\$85.04	\$85.04	\$0.00	\$0.00
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLAS	\$483.48	\$483.48	\$0.00	\$0.00
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$75.76	\$96.28	\$0.00	\$0.00
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	\$138.29	\$138.29	\$0.00	\$0.00
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	\$213.22	\$213.22	\$0.00	\$0.00
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$491.68	\$491.68	\$0.00	\$0.00
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TI	\$572.33	\$572.33	\$0.00	\$0.00
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BO	\$652.65	\$652.65	\$0.00	\$0.00

42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION		\$473.96	\$473.96	\$0.00	\$0.00
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE		\$359.65	\$359.65	\$0.00	\$0.00
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP		\$477.75	\$477.75	\$0.00	\$0.00
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP		\$508.94	\$508.94	\$0.00	\$0.00
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP		\$468.85	\$468.85	\$0.00	\$0.00
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP		\$380.84	\$380.84	\$0.00	\$0.00
42260	REPAIR OF NASOLABIAL FISTULA		\$239.81	\$239.81	\$0.00	\$0.00
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS		\$101.23	\$101.23	\$0.00	\$0.00
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS		\$95.01	\$95.01	\$0.00	\$0.00
42299	UNLISTED PROCEDURE, PALATE, UVULA	R	\$0.00	\$0.00	\$0.00	\$0.00
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE		\$70.96	\$83.83	\$0.00	\$0.00
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED		\$229.06	\$229.06	\$0.00	\$0.00
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL		\$61.04	\$74.85	\$0.00	\$0.00
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL		\$121.92	\$121.92	\$0.00	\$0.00
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,		\$81.05	\$95.80	\$0.00	\$0.00
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL		\$133.88	\$167.00	\$0.00	\$0.00
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL		\$199.10	\$256.09	\$0.00	\$0.00
42400	BIOPSY OF SALIVARY GLAND; NEEDLE		\$35.91	\$46.51	\$0.00	\$0.00
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL		\$120.34	\$141.00	\$0.00	\$0.00
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)		\$225.54	\$225.54	\$0.00	\$0.00
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)		\$162.18	\$162.18	\$0.00	\$0.00
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERV		\$442.25	\$442.25	\$0.00	\$0.00
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECT		\$853.94	\$853.94	\$0.00	\$0.00
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND		\$989.61	\$989.61	\$0.00	\$0.00
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WIT		\$695.16	\$695.16	\$0.00	\$0.00
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RAD		\$1,308.29	\$1,308.29	\$0.00	\$0.00
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND		\$432.06	\$432.06	\$0.00	\$0.00
42450	EXCISION OF SUBLINGUAL GLAND		\$228.76	\$228.76	\$0.00	\$0.00

42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	\$254.93	\$254.93	\$0.00	\$0.00
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLI	\$391.48	\$391.48	\$0.00	\$0.00
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	\$315.89	\$315.89	\$0.00	\$0.00
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISIO	\$480.48	\$480.48	\$0.00	\$0.00
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISIO	\$551.08	\$551.08	\$0.00	\$0.00
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATIO	\$451.84	\$451.84	\$0.00	\$0.00
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	\$49.45	\$49.45	\$0.00	\$0.00
42600	CLOSURE SALIVARY FISTULA	\$249.91	\$249.91	\$0.00	\$0.00
42650	DILATION SALIVARY DUCT	\$28.80	\$34.03	\$0.00	\$0.00
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTI	\$41.32	\$48.03	\$0.00	\$0.00
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$132.10	\$132.10	\$0.00	\$0.00
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	\$0.00	\$0.00	\$0.00	\$0.00
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	\$59.90	\$71.30	\$0.00	\$0.00
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTR	\$132.63	\$132.63	\$0.00	\$0.00
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTE	\$355.25	\$355.25	\$0.00	\$0.00
42800	BIOPSY; OROPHARYNX	\$51.19	\$61.11	\$0.00	\$0.00
42802	BIOPSY; HYPOPHARYNX	\$74.00	\$74.00	\$0.00	\$0.00
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	\$67.31	\$67.31	\$0.00	\$0.00
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	\$86.33	\$86.33	\$0.00	\$0.00
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	\$140.66	\$140.66	\$0.00	\$0.00
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$75.58	\$75.58	\$0.00	\$0.00
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTA	\$189.54	\$189.54	\$0.00	\$0.00
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH	\$452.46	\$452.46	\$0.00	\$0.00
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	\$197.61	\$197.61	\$0.00	\$0.00
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	\$236.90	\$236.90	\$0.00	\$0.00
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	\$173.02	\$173.02	\$0.00	\$0.00
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	\$207.59	\$207.59	\$0.00	\$0.00

42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	\$129.51	\$129.51	\$0.00	\$0.00
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	\$145.96	\$145.96	\$0.00	\$0.00
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	\$117.46	\$117.46	\$0.00	\$0.00
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	\$173.33	\$173.33	\$0.00	\$0.00
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG	\$435.74	\$435.74	\$0.00	\$0.00
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG	\$695.42	\$695.42	\$0.00	\$0.00
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG	\$1,195.40	\$1,195.40	\$0.00	\$0.00
42860	EXCISION OF TONSIL TAGS	\$118.59	\$118.59	\$0.00	\$0.00
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	\$219.96	\$219.96	\$0.00	\$0.00
42890	LIMITED PHARYNGECTOMY	\$608.60	\$608.60	\$0.00	\$0.00
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE	\$732.80	\$732.80	\$0.00	\$0.00
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	\$1,082.05	\$1,082.05	\$0.00	\$0.00
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$272.06	\$272.06	\$0.00	\$0.00
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	\$517.14	\$517.14	\$0.00	\$0.00
42953	PHARYNGOESOPHAGEAL REPAIR	\$433.56	\$433.56	\$0.00	\$0.00
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	\$290.23	\$290.23	\$0.00	\$0.00
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$98.79	\$98.79	\$0.00	\$0.00
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$203.55	\$203.55	\$0.00	\$0.00
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$371.76	\$371.76	\$0.00	\$0.00
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$170.32	\$170.32	\$0.00	\$0.00
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$249.20	\$249.20	\$0.00	\$0.00
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$331.98	\$331.98	\$0.00	\$0.00
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	\$150.00	\$195.00	\$0.00	\$0.00
43020	ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY	\$420.27	\$420.27	\$0.00	\$0.00
43030	CRICOPHARYNGEAL MYOTOMY	\$484.63	\$484.63	\$0.00	\$0.00
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	\$943.82	\$943.82	\$0.00	\$0.00

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43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	\$437.65	\$437.65	\$0.00	\$0.00
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMI	\$743.34	\$743.34	\$0.00	\$0.00
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH	\$1,509.04	\$1,509.04	\$0.00	\$0.00
43108	COLON	\$1,751.47	\$1,751.47	\$0.00	\$0.00
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH	\$1,553.86	\$1,553.86	\$0.00	\$0.00
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT,	\$1,780.52	\$1,780.52	\$0.00	\$0.00
43116	INCLUDING	\$1,664.32	\$1,664.32	\$0.00	\$0.00
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARAT	\$1,629.11	\$1,629.11	\$0.00	\$0.00
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARAT	\$1,722.42	\$1,722.42	\$0.00	\$0.00
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH	\$1,487.25	\$1,487.25	\$0.00	\$0.00
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR	\$1,487.25	\$1,487.25	\$0.00	\$0.00
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR	\$1,722.42	\$1,722.42	\$0.00	\$0.00
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH),	\$1,436.56	\$1,436.56	\$0.00	\$0.00
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY;	\$634.17	\$634.17	\$0.00	\$0.00
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY;	\$810.46	\$810.46	\$0.00	\$0.00
43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTI	\$107.69	\$107.69	\$0.00	\$0.00
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S	\$95.90	\$177.35	\$0.00	\$0.00
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	\$127.63	\$127.63	\$0.00	\$0.00
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGE	\$248.92	\$248.92	\$0.00	\$0.00
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VAR	\$188.00	\$188.00	\$0.00	\$0.00

43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY	\$176.79	\$176.79	\$0.00	\$0.00
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S),	\$175.44	\$175.44	\$0.00	\$0.00
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S),	\$190.11	\$190.11	\$0.00	\$0.00
43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR ST	\$186.45	\$186.45	\$0.00	\$0.00
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30	\$140.06	\$140.06	\$0.00	\$0.00
43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWE	\$155.45	\$155.45	\$0.00	\$0.00
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECT	\$237.55	\$237.55	\$0.00	\$0.00
43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND	\$248.34	\$248.34	\$0.00	\$0.00
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATI	\$171.20	\$171.20	\$0.00	\$0.00
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND- GUID	\$198.82	\$198.82	\$0.00	\$0.00
43234	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH	\$135.20	\$135.20	\$0.00	\$0.00
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$159.52	\$159.52	\$0.00	\$0.00
43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$120.05	\$208.44	\$0.00	\$0.00
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$162.89	\$162.89	\$0.00	\$0.00
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$201.78	\$201.78	\$0.00	\$0.00
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$179.22	\$179.22	\$0.00	\$0.00
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$302.65	\$302.65	\$0.00	\$0.00
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$174.01	\$174.01	\$0.00	\$0.00
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$0.00	\$218.18	\$0.00	\$0.00

43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$294.58	\$294.58	\$0.00	\$0.00
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$237.72	\$237.72	\$0.00	\$0.00
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$225.60	\$225.60	\$0.00	\$0.00
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$288.31	\$288.31	\$0.00	\$0.00
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$225.11	\$225.11	\$0.00	\$0.00
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$209.03	\$209.03	\$0.00	\$0.00
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$192.43	\$192.43	\$0.00	\$0.00
43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$227.73	\$227.73	\$0.00	\$0.00
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$242.40	\$242.40	\$0.00	\$0.00
43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$289.35	\$289.35	\$0.00	\$0.00
43256	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$171.96	\$171.96	\$0.00	\$0.00
43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$228.65	\$228.65	\$0.00	\$0.00
43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$287.85	\$287.85	\$0.00	\$0.00
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT	\$259.82	\$259.82	\$0.00	\$0.00
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WIT	\$344.76	\$344.76	\$0.00	\$0.00
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SI	\$353.86	\$353.86	\$0.00	\$0.00
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	\$472.34	\$472.34	\$0.00	\$0.00
43263	PRESSURE	\$347.24	\$347.24	\$0.00	\$0.00
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC	\$515.23	\$515.23	\$0.00	\$0.00

43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC	\$455.99	\$455.99	\$0.00	\$0.00
43267	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC	\$427.26	\$427.26	\$0.00	\$0.00
43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC	\$464.34	\$464.34	\$0.00	\$0.00
43269	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC	\$386.77	\$386.77	\$0.00	\$0.00
43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC	\$433.65	\$433.65	\$0.00	\$0.00
43272	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION O	\$377.26	\$377.26	\$0.00	\$0.00
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET	\$820.29	\$820.29	\$0.00	\$0.00
43300	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH;	\$596.78	\$596.78	\$0.00	\$0.00
43305	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH;	\$884.58	\$884.58	\$0.00	\$0.00
43310	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH;	\$1,244.30	\$1,244.30	\$0.00	\$0.00
43312	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH;	\$1,223.79	\$1,223.79	\$0.00	\$0.00
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION	\$2,006.95	\$2,006.95	\$0.00	\$0.00
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION	\$2,206.23	\$2,206.23	\$0.00	\$0.00
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND	\$788.28	\$788.28	\$0.00	\$0.00
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES) ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN	\$825.56	\$825.56	\$0.00	\$0.00
43325	PROCEDURE)	\$796.34	\$796.34	\$0.00	\$0.00
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	\$665.89	\$665.89	\$0.00	\$0.00
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	\$781.50	\$781.50	\$0.00	\$0.00
43331	ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH	\$880.74	\$880.74	\$0.00	\$0.00
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	\$810.40	\$810.40	\$0.00	\$0.00

43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	\$751.23	\$751.23	\$0.00	\$0.00
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	\$569.42	\$569.42	\$0.00	\$0.00
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	\$666.20	\$666.20	\$0.00	\$0.00
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	\$593.79	\$593.79	\$0.00	\$0.00
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU	\$1,439.42	\$1,439.42	\$0.00	\$0.00
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU	\$1,664.32	\$1,664.32	\$0.00	\$0.00
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	\$786.11	\$786.11	\$0.00	\$0.00
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	\$781.25	\$781.25	\$0.00	\$0.00
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING	\$883.97	\$883.97	\$0.00	\$0.00
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	\$558.13	\$558.13	\$0.00	\$0.00
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL	\$868.33	\$868.33	\$0.00	\$0.00
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	\$475.68	\$475.68	\$0.00	\$0.00
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL	\$765.33	\$765.33	\$0.00	\$0.00
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE	\$59.95	\$59.95	\$0.00	\$0.00
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	\$87.48	\$87.48	\$0.00	\$0.00
43456	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE	\$175.37	\$175.37	\$0.00	\$0.00
43458	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHA	\$137.12	\$137.12	\$0.00	\$0.00
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAGEN TYPE)	\$159.94	\$159.94	\$0.00	\$0.00
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	\$0.00	\$0.00	\$0.00	\$0.00
43499	UNLISTED PROCEDURE, ESOPHAGUS	\$0.00	\$0.00	\$0.00	\$0.00
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	\$416.59	\$416.59	\$0.00	\$0.00
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	\$681.01	\$681.01	\$0.00	\$0.00
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERAT	\$738.81	\$738.81	\$0.00	\$0.00
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT	\$517.21	\$517.21	\$0.00	\$0.00

43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATI		\$346.71	\$346.71	\$0.00	\$0.00
43600	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)		\$70.67	\$70.67	\$0.00	\$0.00
43605	BIOPSY OF STOMACH; BY LAPAROTOMY		\$431.36	\$431.36	\$0.00	\$0.00
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH		\$557.35	\$557.35	\$0.00	\$0.00
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH		\$625.43	\$625.43	\$0.00	\$0.00
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY		\$1,107.13	\$1,107.13	\$0.00	\$0.00
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION		\$1,120.04	\$1,120.04	\$0.00	\$0.00
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE		\$1,159.66	\$1,159.66	\$0.00	\$0.00
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY		\$928.88	\$928.88	\$0.00	\$0.00
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY		\$928.88	\$928.88	\$0.00	\$0.00
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION		\$941.79	\$941.79	\$0.00	\$0.00
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH		\$1,253.39	\$1,253.39	\$0.00	\$0.00
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATE		\$95.73	\$95.73	\$0.00	\$0.00
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL		\$720.24	\$720.24	\$0.00	\$0.00
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL		\$719.99	\$719.99	\$0.00	\$0.00
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYR	R	\$1,192.83	\$1,192.83	\$0.00	\$0.00
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYR	R	\$1,286.28	\$1,286.28	\$0.00	\$0.00
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL		\$448.81	\$448.81	\$0.00	\$0.00
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHL		\$536.93	\$536.93	\$0.00	\$0.00
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TU		\$384.37	\$384.37	\$0.00	\$0.00
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	R	\$0.00	\$0.00	\$0.00	\$0.00
43750	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE		\$297.83	\$297.83	\$0.00	\$0.00
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND		\$154.78	\$154.78	\$0.00	\$0.00
43760	CHANGE OF GASTROSTOMY TUBE		\$52.97	\$52.97	\$0.00	\$0.00
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUO		\$93.49	\$93.49	\$0.00	\$0.00

43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF	R	\$749.49	\$749.49	\$0.00	\$0.00
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF	R	\$864.05	\$864.05	\$0.00	\$0.00
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	R	\$659.11	\$659.11	\$0.00	\$0.00
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND	R	\$864.31	\$864.31	\$0.00	\$0.00
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	R	\$660.61	\$660.61	\$0.00	\$0.00
43800	PYLOROPLASTY		\$495.57	\$495.57	\$0.00	\$0.00
43810	GASTRODUODENOSTOMY		\$537.88	\$537.88	\$0.00	\$0.00
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY		\$570.93	\$570.93	\$0.00	\$0.00
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE		\$742.76	\$742.76	\$0.00	\$0.00
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM		\$336.97	\$336.97	\$0.00	\$0.00
43831	GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING		\$350.16	\$350.16	\$0.00	\$0.00
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY		\$559.67	\$559.67	\$0.00	\$0.00
43840	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY WOUND,		\$557.26	\$557.26	\$0.00	\$0.00
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	R	\$842.96	\$842.96	\$0.00	\$0.00
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	R	\$842.96	\$842.96	\$0.00	\$0.00
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS- PRESER	R	\$0.00	\$0.00	\$0.00	\$0.00
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	R	\$1,000.64	\$1,000.64	\$0.00	\$0.00
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	R	\$1,060.21	\$1,060.21	\$0.00	\$0.00
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, O	R	\$1,125.64	\$1,125.64	\$0.00	\$0.00
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	R	\$899.17	\$899.17	\$0.00	\$0.00
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	R	\$897.35	\$897.35	\$0.00	\$0.00

43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	R	\$900.66	\$900.66	\$0.00	\$0.00
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	R	\$993.49	\$993.49	\$0.00	\$0.00
43870	CLOSURE OF GASTROSTOMY, SURGICAL		\$374.96	\$374.96	\$0.00	\$0.00
43880	CLOSURE OF GASTROCOLIC FISTULA		\$796.34	\$796.34	\$0.00	\$0.00
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT		\$205.28	\$205.28	\$0.00	\$0.00
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMP	R	\$201.34	\$201.34	\$0.00	\$0.00
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF	R	\$286.41	\$286.41	\$0.00	\$0.00
43999	UNLISTED PROCEDURE, STOMACH	R	\$75.00	\$100.00	\$0.00	\$0.00
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)		\$631.99	\$631.99	\$0.00	\$0.00
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL		\$490.98	\$490.98	\$0.00	\$0.00
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION,		\$174.18	\$174.18	\$0.00	\$0.00
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION,		\$563.26	\$563.26	\$0.00	\$0.00
44021	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (E		\$541.51	\$541.51	\$0.00	\$0.00
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL		\$571.56	\$571.56	\$0.00	\$0.00
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY		\$543.16	\$543.16	\$0.00	\$0.00
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION		\$594.11	\$594.11	\$0.00	\$0.00
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)		\$99.15	\$99.15	\$0.00	\$0.00
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIR		\$508.50	\$508.50	\$0.00	\$0.00
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIR		\$635.61	\$635.61	\$0.00	\$0.00
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTO		\$688.69	\$688.69	\$0.00	\$0.00
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION A		\$205.93	\$205.93	\$0.00	\$0.00
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY		\$729.61	\$729.61	\$0.00	\$0.00

44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING		\$1,496.09	\$1,496.09	\$0.00	\$0.00
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING		\$1,720.93	\$1,720.93	\$0.00	\$0.00
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING		\$185.26	\$185.26	\$0.00	\$0.00
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS		\$603.16	\$603.16	\$0.00	\$0.00
44135	INTESTINAL ALLOTTRANSPLANTATION; FROM CADAVER DONOR	R	\$0.00	\$0.00	\$0.00	\$0.00
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION	R	\$0.00	\$0.00	\$0.00	\$0.00
44139	W		\$103.38	\$103.38	\$0.00	\$0.00
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS		\$861.24	\$861.24	\$0.00	\$0.00
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY		\$889.47	\$889.47	\$0.00	\$0.00
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT		\$832.65	\$832.65	\$0.00	\$0.00
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND		\$825.10	\$825.10	\$0.00	\$0.00
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)		\$1,047.67	\$1,047.67	\$0.00	\$0.00
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WIT		\$1,130.11	\$1,130.11	\$0.00	\$0.00
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH		\$967.88	\$967.88	\$0.00	\$0.00
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR		\$1,033.77	\$1,033.77	\$0.00	\$0.00
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOS		\$854.51	\$854.51	\$0.00	\$0.00
44152	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH RECTAL MUCOSECT		\$1,170.09	\$1,170.09	\$0.00	\$0.00
44153	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH RECTAL MUCOSECT		\$1,331.70	\$1,331.70	\$0.00	\$0.00
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY		\$1,179.83	\$1,179.83	\$0.00	\$0.00
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOM		\$967.96	\$967.96	\$0.00	\$0.00
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY		\$812.24	\$812.24	\$0.00	\$0.00

44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION)	\$635.24	\$635.24	\$0.00	\$0.00
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	\$445.25	\$445.25	\$0.00	\$0.00
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$734.68	\$734.68	\$0.00	\$0.00
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$806.58	\$806.58	\$0.00	\$0.00
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SING	\$1,003.41	\$1,003.41	\$0.00	\$0.00
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND	\$180.61	\$180.61	\$0.00	\$0.00
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	\$1,037.52	\$1,037.52	\$0.00	\$0.00
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL IL	\$0.00	\$918.82	\$0.00	\$0.00
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOS	\$1,117.91	\$1,117.91	\$0.00	\$0.00
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH	\$1,224.87	\$1,224.87	\$0.00	\$0.00
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH	\$1,323.02	\$1,323.02	\$0.00	\$0.00
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOM	\$1,170.34	\$1,170.34	\$0.00	\$0.00
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY,	\$1,453.85	\$1,453.85	\$0.00	\$0.00
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY,	\$1,357.98	\$1,357.98	\$0.00	\$0.00
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE	\$146.37	\$146.37	\$0.00	\$0.00
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTIN	\$1,145.29	\$1,145.29	\$0.00	\$0.00
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM) ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING)	\$0.00	\$0.00	\$0.00	\$0.00
44300	(SEP	\$421.08	\$421.08	\$0.00	\$0.00
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$547.18	\$547.18	\$0.00	\$0.00
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH)	\$250.24	\$250.24	\$0.00	\$0.00
44314	(SEPARATE	\$495.26	\$495.26	\$0.00	\$0.00

44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	\$692.09	\$692.09	\$0.00	\$0.00
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	\$572.46	\$572.46	\$0.00	\$0.00
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR	\$591.49	\$591.49	\$0.00	\$0.00
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE	\$197.94	\$197.94	\$0.00	\$0.00
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH)	\$449.75	\$449.75	\$0.00	\$0.00
44346	(SEPARATE REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA	\$538.49	\$538.49	\$0.00	\$0.00
44360	(SEPARATE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$193.77	\$193.77	\$0.00	\$0.00
44361	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$214.08	\$214.08	\$0.00	\$0.00
44363	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$204.56	\$204.56	\$0.00	\$0.00
44364	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$268.19	\$268.19	\$0.00	\$0.00
44365	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$253.81	\$253.81	\$0.00	\$0.00
44366	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$313.95	\$313.95	\$0.00	\$0.00
44369	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$336.39	\$336.39	\$0.00	\$0.00
44370	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$171.38	\$171.38	\$0.00	\$0.00
44372	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$318.49	\$318.49	\$0.00	\$0.00
44373	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$262.68	\$262.68	\$0.00	\$0.00
44376	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$281.91	\$281.91	\$0.00	\$0.00
44377	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$296.54	\$296.54	\$0.00	\$0.00
44378	DUODE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	\$376.09	\$376.09	\$0.00	\$0.00

44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE	\$279.76	\$279.76	\$0.00	\$0.00
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF	\$101.69	\$101.69	\$0.00	\$0.00
44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	\$122.95	\$122.95	\$0.00	\$0.00
44383	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUD	\$95.56	\$95.56	\$0.00	\$0.00
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	\$124.16	\$124.16	\$0.00	\$0.00
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	\$107.16	\$107.16	\$0.00	\$0.00
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF	\$191.73	\$191.73	\$0.00	\$0.00
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	\$210.07	\$210.07	\$0.00	\$0.00
44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY	\$189.73	\$189.73	\$0.00	\$0.00
44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BI	\$280.73	\$280.73	\$0.00	\$0.00
44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHE	\$267.50	\$267.50	\$0.00	\$0.00
44393	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTH	\$304.14	\$304.14	\$0.00	\$0.00
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHE	\$285.40	\$285.40	\$0.00	\$0.00
44397	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLU	\$178.28	\$178.28	\$0.00	\$0.00
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARA	\$24.52	\$24.52	\$0.00	\$0.00
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER,	\$529.77	\$529.77	\$0.00	\$0.00
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER,	\$671.14	\$671.14	\$0.00	\$0.00
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTIC	\$631.37	\$631.37	\$0.00	\$0.00
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTIC	\$708.57	\$708.57	\$0.00	\$0.00
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITH	\$597.17	\$597.17	\$0.00	\$0.00
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	\$473.91	\$473.91	\$0.00	\$0.00

44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND		\$661.34	\$661.34	\$0.00	\$0.00
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND		\$1,002.53	\$1,002.53	\$0.00	\$0.00
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA		\$599.66	\$599.66	\$0.00	\$0.00
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA		\$635.85	\$635.85	\$0.00	\$0.00
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECT		\$638.67	\$638.67	\$0.00	\$0.00
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECT		\$888.20	\$888.20	\$0.00	\$0.00
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)		\$676.59	\$676.59	\$0.00	\$0.00
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS,		\$765.14	\$765.14	\$0.00	\$0.00
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR		\$122.17	\$122.17	\$0.00	\$0.00
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE		\$0.00	\$0.00	\$0.00	\$0.00
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAF		\$201.57	\$201.57	\$0.00	\$0.00
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAF		\$293.80	\$293.80	\$0.00	\$0.00
44799	UNLISTED PROCEDURE, INTESTINE	R	\$0.00	\$0.00	\$0.00	\$0.00
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTE		\$463.75	\$463.75	\$0.00	\$0.00
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)		\$458.16	\$458.16	\$0.00	\$0.00
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)		\$432.40	\$432.40	\$0.00	\$0.00
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	R	\$0.00	\$0.00	\$0.00	\$0.00
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN		\$366.82	\$366.82	\$0.00	\$0.00
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS		\$170.77	\$170.77	\$0.00	\$0.00
44950	APPENDECTOMY;		\$333.52	\$333.52	\$0.00	\$0.00
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR		\$112.05	\$112.05	\$0.00	\$0.00
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITO		\$475.09	\$475.09	\$0.00	\$0.00
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY		\$395.19	\$395.19	\$0.00	\$0.00
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	R	\$0.00	\$0.00	\$0.00	\$0.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS		\$174.07	\$174.07	\$0.00	\$0.00

45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$97.22	\$97.22	\$0.00	\$0.00
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTA	\$211.51	\$211.51	\$0.00	\$0.00
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	\$158.11	\$158.11	\$0.00	\$0.00
45108	ANORECTAL MYOMECTOMY	\$209.82	\$209.82	\$0.00	\$0.00
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	\$1,157.25	\$1,157.25	\$0.00	\$0.00
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	\$815.47	\$815.47	\$0.00	\$0.00
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL	\$1,217.24	\$1,217.24	\$0.00	\$0.00
45113	ANASTOMOSIS, PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL	\$1,236.90	\$1,236.90	\$0.00	\$0.00
45114	APPR PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSSACRAL APPROACH ONLY	\$1,113.60	\$1,113.60	\$0.00	\$0.00
45116	(KRA PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE	\$905.90	\$905.90	\$0.00	\$0.00
45119	(EG, PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND	\$1,251.18	\$1,251.18	\$0.00	\$0.00
45120	PERINE PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND	\$1,194.08	\$1,194.08	\$0.00	\$0.00
45121	PERINE	\$1,070.67	\$1,070.67	\$0.00	\$0.00
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	\$765.59	\$765.59	\$0.00	\$0.00
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH	\$1,580.48	\$1,580.48	\$0.00	\$0.00
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	\$665.09	\$665.09	\$0.00	\$0.00
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINE	\$963.57	\$963.57	\$0.00	\$0.00
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	\$1,167.19	\$1,167.19	\$0.00	\$0.00
45150	DIVISION OF STRICTURE OF RECTUM	\$260.31	\$260.31	\$0.00	\$0.00
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL	\$600.10	\$600.10	\$0.00	\$0.00
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	\$423.07	\$423.07	\$0.00	\$0.00

45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, L	\$394.39	\$394.39	\$0.00	\$0.00
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF	\$29.62	\$36.99	\$0.00	\$0.00
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BO	\$26.17	\$34.75	\$0.00	\$0.00
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	\$44.30	\$55.57	\$0.00	\$0.00
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	\$88.62	\$88.62	\$0.00	\$0.00
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OT	\$64.32	\$79.48	\$0.00	\$0.00
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OT	\$78.99	\$94.15	\$0.00	\$0.00
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, O	\$110.82	\$110.82	\$0.00	\$0.00
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION,	\$118.52	\$118.52	\$0.00	\$0.00
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OT	\$142.93	\$142.93	\$0.00	\$0.00
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	\$108.20	\$108.20	\$0.00	\$0.00
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCL	\$66.44	\$66.44	\$0.00	\$0.00
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF	\$47.58	\$64.08	\$0.00	\$0.00
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	\$83.80	\$83.80	\$0.00	\$0.00
45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY	\$108.61	\$108.61	\$0.00	\$0.00
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	\$123.91	\$123.91	\$0.00	\$0.00
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPO	\$166.01	\$166.01	\$0.00	\$0.00
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY	\$57.66	\$104.68	\$0.00	\$0.00
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	\$159.75	\$159.75	\$0.00	\$0.00
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	\$141.81	\$141.81	\$0.00	\$0.00
45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$186.57	\$186.57	\$0.00	\$0.00

45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURE	\$69.12	\$234.34	\$0.00	\$0.00
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$148.42	\$148.42	\$0.00	\$0.00
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAM	\$171.39	\$171.39	\$0.00	\$0.00
45345	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDE	\$142.59	\$142.59	\$0.00	\$0.00
45355	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR	\$137.10	\$137.10	\$0.00	\$0.00
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH O	\$228.82	\$228.82	\$0.00	\$0.00
45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FO	\$292.40	\$292.40	\$0.00	\$0.00
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGL	\$255.86	\$255.86	\$0.00	\$0.00
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED	\$170.02	\$284.36	\$0.00	\$0.00
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF	\$335.55	\$335.55	\$0.00	\$0.00
45383	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF	\$343.18	\$343.18	\$0.00	\$0.00
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF	\$330.37	\$330.37	\$0.00	\$0.00
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF	\$348.27	\$348.27	\$0.00	\$0.00
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY	\$184.55	\$530.14	\$0.00	\$0.00
45387	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOP	\$232.95	\$232.95	\$0.00	\$0.00
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC	\$212.17	\$212.17	\$0.00	\$0.00
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOP	\$268.20	\$268.20	\$0.00	\$0.00
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEA	\$1,348.53	\$1,348.53	\$0.00	\$0.00
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THR	\$1,468.46	\$1,468.46	\$0.00	\$0.00
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	\$788.46	\$788.46	\$0.00	\$0.00

45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTI		\$1,071.14	\$1,071.14	\$0.00	\$0.00
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	R	\$0.00	\$0.00	\$0.00	\$0.00
45500	PROCTOPLASTY; FOR STENOSIS		\$382.37	\$382.37	\$0.00	\$0.00
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE		\$361.16	\$361.16	\$0.00	\$0.00
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE		\$26.75	\$34.93	\$0.00	\$0.00
45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH		\$667.83	\$667.83	\$0.00	\$0.00
45541	PROCTOPEXY (EG, FOR PROLAPSE); PERINEAL APPROACH		\$609.62	\$609.62	\$0.00	\$0.00
	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL					
45550	APPRO		\$758.63	\$758.63	\$0.00	\$0.00
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)		\$371.78	\$371.78	\$0.00	\$0.00
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;		\$581.98	\$581.98	\$0.00	\$0.00
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH		\$918.00	\$918.00	\$0.00	\$0.00
45800	CLOSURE OF RECTOVESICAL FISTULA;		\$672.75	\$672.75	\$0.00	\$0.00
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY		\$831.02	\$831.02	\$0.00	\$0.00
45820	CLOSURE OF RECTOURETHRAL FISTULA;		\$661.31	\$661.31	\$0.00	\$0.00
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY		\$758.43	\$758.43	\$0.00	\$0.00
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA		\$67.53	\$67.53	\$0.00	\$0.00
	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA					
45905	OTHER		\$66.27	\$66.27	\$0.00	\$0.00
	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA					
45910	OTH		\$81.07	\$81.07	\$0.00	\$0.00
	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE)					
45915	UNDER		\$84.44	\$84.44	\$0.00	\$0.00
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR		\$77.97	\$77.97	\$0.00	\$0.00
45999	UNLISTED PROCEDURE, RECTUM	R	\$0.00	\$0.00	\$0.00	\$0.00
46020	PLACEMENT OF SETON		\$149.88	\$168.72	\$0.00	\$0.00
46030	REMOVAL OF ANAL SETON, OTHER MARKER		\$47.64	\$47.64	\$0.00	\$0.00
	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS					
46040	(SEPAR		\$197.37	\$197.37	\$0.00	\$0.00
	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL					
46045	ABSC		\$173.59	\$173.59	\$0.00	\$0.00
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL		\$44.17	\$52.22	\$0.00	\$0.00
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH		\$318.31	\$318.31	\$0.00	\$0.00
46070	INCISION, ANAL SEPTUM (INFANT)		\$121.94	\$121.94	\$0.00	\$0.00

46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	\$136.54	\$136.54	\$0.00	\$0.00
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$50.01	\$58.46	\$0.00	\$0.00
46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	\$192.90	\$192.90	\$0.00	\$0.00
46210	CRYPTECTOMY; SINGLE	\$98.00	\$98.00	\$0.00	\$0.00
46211	CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE)	\$179.62	\$179.62	\$0.00	\$0.00
46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)	\$64.12	\$64.12	\$0.00	\$0.00
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	\$52.75	\$61.60	\$0.00	\$0.00
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	\$87.99	\$99.12	\$0.00	\$0.00
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	\$214.69	\$214.69	\$0.00	\$0.00
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE;	\$292.50	\$292.50	\$0.00	\$0.00
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	\$338.77	\$338.77	\$0.00	\$0.00
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WI	\$370.78	\$370.78	\$0.00	\$0.00
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;	\$389.78	\$389.78	\$0.00	\$0.00
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH	\$402.03	\$402.03	\$0.00	\$0.00
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH	\$412.67	\$412.67	\$0.00	\$0.00
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTA	\$162.14	\$162.14	\$0.00	\$0.00
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSC	\$302.62	\$302.62	\$0.00	\$0.00
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX	\$358.41	\$358.41	\$0.00	\$0.00
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND	\$185.46	\$185.46	\$0.00	\$0.00
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$316.34	\$316.34	\$0.00	\$0.00
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	\$58.42	\$67.81	\$0.00	\$0.00
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$50.65	\$54.94	\$0.00	\$0.00
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$138.75	\$166.31	\$0.00	\$0.00
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRU	\$19.16	\$22.91	\$0.00	\$0.00
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$44.99	\$50.09	\$0.00	\$0.00
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	\$30.05	\$34.88	\$0.00	\$0.00
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$75.92	\$75.92	\$0.00	\$0.00

46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT	\$65.18	\$65.18	\$0.00	\$0.00
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNAR	\$68.16	\$79.56	\$0.00	\$0.00
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY	\$110.81	\$110.81	\$0.00	\$0.00
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY,	\$85.84	\$106.63	\$0.00	\$0.00
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT	\$105.50	\$126.29	\$0.00	\$0.00
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	\$382.62	\$382.62	\$0.00	\$0.00
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	\$302.48	\$302.48	\$0.00	\$0.00
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$105.07	\$105.07	\$0.00	\$0.00
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH	\$708.73	\$708.73	\$0.00	\$0.00
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH	\$1,488.37	\$1,488.37	\$0.00	\$0.00
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA (CUT-BACK	\$311.55	\$311.55	\$0.00	\$0.00
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL	\$536.09	\$536.09	\$0.00	\$0.00
46730	OR REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR	\$951.53	\$951.53	\$0.00	\$0.00
46735	SACROPERI REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED	\$1,154.58	\$1,154.58	\$0.00	\$0.00
46740	TRANSABDOMIN REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL	\$1,022.82	\$1,022.82	\$0.00	\$0.00
46742	FIS REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL	\$1,392.97	\$1,392.97	\$0.00	\$0.00
46744	FIS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND	\$1,563.77	\$1,563.77	\$0.00	\$0.00
46746	URETHROPLASTY, REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND	\$1,710.96	\$1,710.96	\$0.00	\$0.00
46748	URETHROPLASTY, REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND	\$1,906.25	\$1,906.25	\$0.00	\$0.00
46750	URETHROPLASTY, SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	\$406.25	\$406.25	\$0.00	\$0.00
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	\$360.54	\$360.54	\$0.00	\$0.00

46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	\$333.18	\$333.18	\$0.00	\$0.00
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$91.29	\$91.29	\$0.00	\$0.00
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	\$527.99	\$527.99	\$0.00	\$0.00
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRIC	\$514.13	\$514.13	\$0.00	\$0.00
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICI	\$454.54	\$454.54	\$0.00	\$0.00
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$59.80	\$65.03	\$0.00	\$0.00
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$63.64	\$72.22	\$0.00	\$0.00
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$63.56	\$72.54	\$0.00	\$0.00
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$86.66	\$112.68	\$0.00	\$0.00
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$93.03	\$93.03	\$0.00	\$0.00
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$159.36	\$159.36	\$0.00	\$0.00
46934	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL	\$132.77	\$148.73	\$0.00	\$0.00
46935	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; EXTERNAL	\$97.50	\$119.22	\$0.00	\$0.00
46936	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL AND EXTERNAL	\$158.91	\$189.62	\$0.00	\$0.00
46937	CRYOSURGERY OF RECTAL TUMOR; BENIGN	\$152.02	\$152.02	\$0.00	\$0.00
46938	CRYOSURGERY OF RECTAL TUMOR; MALIGNANT	\$209.39	\$209.39	\$0.00	\$0.00
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN	\$76.22	\$83.06	\$0.00	\$0.00
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN	\$67.09	\$73.26	\$0.00	\$0.00
46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE	\$101.16	\$109.61	\$0.00	\$0.00
46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES	\$135.29	\$147.89	\$0.00	\$0.00
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$242.86	\$242.86	\$0.00	\$0.00
46999	UNLISTED PROCEDURE, ANUS	\$0.00	\$0.00	\$0.00	\$0.00
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	\$96.46	\$96.46	\$0.00	\$0.00

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47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OT HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO	\$82.93	\$82.93	\$0.00	\$0.00
47010	STAGES	\$465.26	\$465.26	\$0.00	\$0.00
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO S	\$186.91	\$186.91	\$0.00	\$0.00
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG,	\$466.14	\$466.14	\$0.00	\$0.00
47100	BIOPSY OF LIVER, WEDGE	\$302.59	\$302.59	\$0.00	\$0.00
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	\$968.70	\$968.70	\$0.00	\$0.00
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	\$1,513.60	\$1,513.60	\$0.00	\$0.00
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	\$1,396.80	\$1,396.80	\$0.00	\$0.00
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	\$1,535.32	\$1,535.32	\$0.00	\$0.00
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER	\$3,944.91	\$3,944.91	\$0.00	\$0.00
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER	\$2,966.99	\$2,966.99	\$0.00	\$0.00
47140	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LE	\$2,288.26	\$2,288.26	\$0.00	\$0.00
47141	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO	\$2,767.27	\$2,767.27	\$0.00	\$0.00
47142	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO	\$3,048.23	\$3,048.23	\$0.00	\$0.00
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO	\$0.00	\$0.00	\$0.00	\$0.00
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO	\$0.00	\$0.00	\$0.00	\$0.00
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO	\$0.00	\$0.00	\$0.00	\$0.00
47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR	\$251.83	\$251.83	\$0.00	\$0.00
47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR	\$293.80	\$293.80	\$0.00	\$0.00
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	\$501.12	\$501.12	\$0.00	\$0.00
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	\$567.59	\$567.59	\$0.00	\$0.00

47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJUR		\$796.27	\$796.27	\$0.00	\$0.00
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIV		\$1,297.15	\$1,297.15	\$0.00	\$0.00
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR RE		\$463.36	\$463.36	\$0.00	\$0.00
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S);		\$724.87	\$724.87	\$0.00	\$0.00
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSUR		\$683.26	\$683.26	\$0.00	\$0.00
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	R	\$0.00	\$0.00	\$0.00	\$0.00
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY		\$851.70	\$851.70	\$0.00	\$0.00
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL		\$841.92	\$841.92	\$0.00	\$0.00
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY		\$505.21	\$505.21	\$0.00	\$0.00
47399	UNLISTED PROCEDURE, LIVER	R	\$0.00	\$0.00	\$0.00	\$0.00
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL O		\$816.43	\$816.43	\$0.00	\$0.00
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV		\$751.88	\$751.88	\$0.00	\$0.00
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV		\$807.61	\$807.61	\$0.00	\$0.00
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT		\$883.88	\$883.88	\$0.00	\$0.00
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV		\$478.70	\$478.70	\$0.00	\$0.00
47490	PERCUTANEOUS CHOLECYSTOSTOMY		\$282.22	\$282.22	\$0.00	\$0.00
47500	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY		\$101.42	\$101.42	\$0.00	\$0.00
47505	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (		\$51.99	\$51.99	\$0.00	\$0.00
47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAG		\$299.90	\$299.90	\$0.00	\$0.00
47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTER		\$373.85	\$373.85	\$0.00	\$0.00
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER		\$205.28	\$205.28	\$0.00	\$0.00
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE		\$203.87	\$203.87	\$0.00	\$0.00

47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY I	\$138.96	\$138.96	\$0.00	\$0.00
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC,	\$218.82	\$218.82	\$0.00	\$0.00
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY	\$303.32	\$303.32	\$0.00	\$0.00
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVA	\$387.54	\$387.54	\$0.00	\$0.00
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI	\$299.67	\$299.67	\$0.00	\$0.00
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI	\$329.01	\$329.01	\$0.00	\$0.00
47560	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHO	\$216.06	\$216.06	\$0.00	\$0.00
47561	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH B	\$242.28	\$242.28	\$0.00	\$0.00
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$522.64	\$522.64	\$0.00	\$0.00
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$562.24	\$562.24	\$0.00	\$0.00
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$667.69	\$667.69	\$0.00	\$0.00
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	\$599.91	\$599.91	\$0.00	\$0.00
47600	CHOLECYSTECTOMY;	\$553.75	\$553.75	\$0.00	\$0.00
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	\$599.19	\$599.19	\$0.00	\$0.00
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	\$706.62	\$706.62	\$0.00	\$0.00
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTERO	\$888.61	\$888.61	\$0.00	\$0.00
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL	\$821.89	\$821.89	\$0.00	\$0.00
47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR,	\$354.15	\$354.15	\$0.00	\$0.00
47700	WITH	\$646.52	\$646.52	\$0.00	\$0.00
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	\$1,046.04	\$1,046.04	\$0.00	\$0.00
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DU	\$916.13	\$916.13	\$0.00	\$0.00
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DU	\$1,079.86	\$1,079.86	\$0.00	\$0.00

47715	EXCISION OF CHOLEDOCHAL CYST		\$687.51	\$687.51	\$0.00	\$0.00
47716	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHOUT EXCISION		\$580.80	\$580.80	\$0.00	\$0.00
47720	CHOLECYSTOENTEROSTOMY; DIRECT		\$641.77	\$641.77	\$0.00	\$0.00
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY		\$789.17	\$789.17	\$0.00	\$0.00
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y		\$734.61	\$734.61	\$0.00	\$0.00
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY		\$934.52	\$934.52	\$0.00	\$0.00
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT		\$957.70	\$957.70	\$0.00	\$0.00
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT		\$1,022.74	\$1,022.74	\$0.00	\$0.00
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTEST		\$1,015.51	\$1,015.51	\$0.00	\$0.00
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTEST		\$1,133.18	\$1,133.18	\$0.00	\$0.00
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END		\$933.31	\$933.31	\$0.00	\$0.00
47801	PLACEMENT OF CHOLEDOCHAL STENT		\$497.66	\$497.66	\$0.00	\$0.00
47802	U-TUBE HEPATICOENTEROSTOMY		\$787.77	\$787.77	\$0.00	\$0.00
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE		\$872.27	\$872.27	\$0.00	\$0.00
47999	UNLISTED PROCEDURE, BILIARY TRACT	R	\$500.00	\$650.00	\$0.00	\$0.00
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;		\$607.51	\$607.51	\$0.00	\$0.00
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR		\$719.99	\$719.99	\$0.00	\$0.00
48005	ACU		\$814.06	\$814.06	\$0.00	\$0.00
48020	REMOVAL OF PANCREATIC CALCULUS		\$600.88	\$600.88	\$0.00	\$0.00
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOP		\$431.13	\$431.13	\$0.00	\$0.00
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE		\$200.71	\$200.71	\$0.00	\$0.00
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)		\$686.31	\$686.31	\$0.00	\$0.00
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT		\$961.34	\$961.34	\$0.00	\$0.00
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH		\$1,058.33	\$1,058.33	\$0.00	\$0.00
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM		\$1,126.58	\$1,126.58	\$0.00	\$0.00
48148	EXCISION OF AMPULLA OF VATER		\$684.41	\$684.41	\$0.00	\$0.00

48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL	\$1,901.07	\$1,901.07	\$0.00	\$0.00
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL	\$1,791.03	\$1,791.03	\$0.00	\$0.00
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,	\$1,901.07	\$1,901.07	\$0.00	\$0.00
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,	\$1,791.03	\$1,791.03	\$0.00	\$0.00
48155	PANCREATECTOMY, TOTAL	\$1,220.83	\$1,220.83	\$0.00	\$0.00
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF	\$1,660.49	\$1,660.49	\$0.00	\$0.00
48180	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATI	\$1,014.56	\$1,014.56	\$0.00	\$0.00
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATEL	\$90.68	\$90.68	\$0.00	\$0.00
48500	MARSUPIALIZATION OF PANCREATIC CYST	\$622.42	\$622.42	\$0.00	\$0.00
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	\$566.46	\$566.46	\$0.00	\$0.00
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	\$201.98	\$201.98	\$0.00	\$0.00
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIR	\$742.72	\$742.72	\$0.00	\$0.00
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT;	\$866.71	\$866.71	\$0.00	\$0.00
48545	PANCREATORRHAPHY FOR INJURY	\$678.83	\$678.83	\$0.00	\$0.00
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	\$981.38	\$981.38	\$0.00	\$0.00
48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRI	\$0.00	\$0.00	\$0.00	\$0.00
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO	\$172.86	\$172.86	\$0.00	\$0.00
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	\$1,583.06	\$1,583.06	\$0.00	\$0.00
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	\$643.37	\$643.37	\$0.00	\$0.00
48999	UNLISTED PROCEDURE, PANCREAS	\$0.00	\$0.00	\$0.00	\$0.00
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S)	\$479.94	\$479.94	\$0.00	\$0.00
49002	REOPENING OF RECENT LAPAROTOMY	\$467.50	\$467.50	\$0.00	\$0.00
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE	\$546.60	\$546.60	\$0.00	\$0.00

49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF	\$417.25	\$417.25	\$0.00	\$0.00
49021	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF	\$407.40	\$407.40	\$0.00	\$0.00
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	\$462.74	\$462.74	\$0.00	\$0.00
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	\$201.98	\$201.98	\$0.00	\$0.00
49060	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	\$482.71	\$482.71	\$0.00	\$0.00
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	\$186.91	\$186.91	\$0.00	\$0.00
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	\$554.88	\$554.88	\$0.00	\$0.00
49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE	\$64.89	\$64.89	\$0.00	\$0.00
49081	(DIAGN	\$58.79	\$58.79	\$0.00	\$0.00
49085	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE	\$341.19	\$341.19	\$0.00	\$0.00
49180	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$97.40	\$97.40	\$0.00	\$0.00
49200	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	\$535.74	\$535.74	\$0.00	\$0.00
49201	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL OR RETROPERITONEAL	\$784.37	\$784.37	\$0.00	\$0.00
49215	TUMO	\$884.30	\$884.30	\$0.00	\$0.00
49220	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL OR RETROPERITONEAL	\$792.22	\$792.22	\$0.00	\$0.00
49250	TUMO	\$362.29	\$362.29	\$0.00	\$0.00
49255	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	\$284.89	\$284.89	\$0.00	\$0.00
49320	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES	\$258.39	\$258.39	\$0.00	\$0.00
49321	SPLENECT	\$275.28	\$275.28	\$0.00	\$0.00
49322	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE	\$286.25	\$286.26	\$0.00	\$0.00
49323	PROCEDURE)	\$444.79	\$444.79	\$0.00	\$0.00
	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE				
	PROCEDURE)				
	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR				
	WIT				
	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)				
	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN				
	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL				
	CAVIT				

49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM R	\$0.00	\$0.00	\$0.00	\$0.00
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDUR	\$89.34	\$89.34	\$0.00	\$0.00
49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS	\$303.59	\$303.59	\$0.00	\$0.00
49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALY	\$112.38	\$112.38	\$0.00	\$0.00
49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALY	\$274.21	\$274.21	\$0.00	\$0.00
49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER	\$302.38	\$302.38	\$0.00	\$0.00
49423	UNDER CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY	\$73.62	\$73.62	\$0.00	\$0.00
49424	PL	\$38.31	\$38.31	\$0.00	\$0.00
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	\$570.59	\$570.59	\$0.00	\$0.00
49426	REVISION OF PERITONEAL-VENOUS SHUNT INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF	\$422.04	\$422.04	\$0.00	\$0.00
49427	PREVIOUSLY	\$39.99	\$39.99	\$0.00	\$0.00
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	\$91.83	\$91.83	\$0.00	\$0.00
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	\$294.09	\$294.09	\$0.00	\$0.00
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS	\$604.46	\$491.15	\$0.00	\$0.00
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS	\$604.46	\$604.46	\$0.00	\$0.00
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS,	\$326.56	\$326.56	\$0.00	\$0.00
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS,	\$407.03	\$407.03	\$0.00	\$0.00
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR	\$286.06	\$286.06	\$0.00	\$0.00
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR	\$374.46	\$374.46	\$0.00	\$0.00
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$324.86	\$324.86	\$0.00	\$0.00
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR	\$378.57	\$378.57	\$0.00	\$0.00
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR	\$397.92	\$397.92	\$0.00	\$0.00
49521	STRANGULATE	\$438.14	\$438.14	\$0.00	\$0.00

49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	\$381.57	\$381.57	\$0.00	\$0.00
49540	REPAIR LUMBAR HERNIA	\$398.80	\$398.80	\$0.00	\$0.00
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	\$351.74	\$351.74	\$0.00	\$0.00
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$364.36	\$364.36	\$0.00	\$0.00
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	\$407.34	\$407.34	\$0.00	\$0.00
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$449.60	\$449.60	\$0.00	\$0.00
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$458.64	\$458.64	\$0.00	\$0.00
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULA	\$514.39	\$514.39	\$0.00	\$0.00
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$482.91	\$482.91	\$0.00	\$0.00
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGU	\$538.66	\$538.66	\$0.00	\$0.00
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HER	\$226.49	\$226.49	\$0.00	\$0.00
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE	\$270.46	\$270.46	\$0.00	\$0.00
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR	\$335.86	\$335.86	\$0.00	\$0.00
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	\$229.23	\$229.23	\$0.00	\$0.00
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULAT	\$297.02	\$297.02	\$0.00	\$0.00
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$285.65	\$285.65	\$0.00	\$0.00
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGUL	\$314.40	\$314.40	\$0.00	\$0.00
49590	REPAIR SPIGELIAN HERNIA	\$372.85	\$372.85	\$0.00	\$0.00
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	\$437.97	\$437.97	\$0.00	\$0.00
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHES	\$916.08	\$916.08	\$0.00	\$0.00
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHES	\$772.35	\$772.35	\$0.00	\$0.00
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	\$466.29	\$466.29	\$0.00	\$0.00
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	\$497.57	\$497.57	\$0.00	\$0.00
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	\$302.13	\$302.13	\$0.00	\$0.00
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$387.99	\$387.99	\$0.00	\$0.00
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOM	\$0.00	\$0.00	\$0.00	\$0.00

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49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	\$249.61	\$249.61	\$0.00	\$0.00
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND C	\$1,035.89	\$1,035.89	\$0.00	\$0.00
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR	\$303.37	\$303.37	\$0.00	\$0.00
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$0.00	\$0.00	\$0.00	\$0.00
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM R	\$0.00	\$0.00	\$0.00	\$0.00
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	\$579.10	\$579.10	\$0.00	\$0.00
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN	\$567.20	\$567.20	\$0.00	\$0.00
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	\$170.77	\$170.77	\$0.00	\$0.00
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	\$612.59	\$612.59	\$0.00	\$0.00
50045	NEPHROTOMY, WITH EXPLORATION	\$709.64	\$709.64	\$0.00	\$0.00
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	\$886.15	\$886.15	\$0.00	\$0.00
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	\$982.15	\$982.15	\$0.00	\$0.00
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	\$939.93	\$939.93	\$0.00	\$0.00
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELV	\$1,197.56	\$1,197.56	\$0.00	\$0.00
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT	\$765.39	\$765.39	\$0.00	\$0.00
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT	\$1,040.14	\$1,040.14	\$0.00	\$0.00
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCE	\$753.52	\$753.52	\$0.00	\$0.00
50120	PYELOTOMY; WITH EXPLORATION	\$762.91	\$762.91	\$0.00	\$0.00
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	\$777.51	\$777.51	\$0.00	\$0.00
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY,	\$846.95	\$846.95	\$0.00	\$0.00
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY	\$1,029.21	\$1,029.21	\$0.00	\$0.00
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	\$152.52	\$152.52	\$0.00	\$0.00
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	\$540.41	\$540.41	\$0.00	\$0.00
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI	\$860.66	\$860.66	\$0.00	\$0.00
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI	\$1,039.88	\$1,039.88	\$0.00	\$0.00

50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI	\$1,141.54	\$1,141.54	\$0.00	\$0.00
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INC	\$1,106.12	\$1,106.12	\$0.00	\$0.00
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE	\$1,202.69	\$1,202.69	\$0.00	\$0.00
50240	NEPHRECTOMY, PARTIAL ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL,	\$1,064.37	\$1,064.37	\$0.00	\$0.00
50250	INCLUD	\$862.75	\$862.75	\$0.00	\$0.00
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	\$748.77	\$748.77	\$0.00	\$0.00
50290	EXCISION OF PERINEPHRIC CYST DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER	\$668.54	\$668.54	\$0.00	\$0.00
50300	DONOR, DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING	\$553.19	\$553.19	\$0.00	\$0.00
50320	DON BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT	\$0.00	\$0.00	\$0.00	\$0.00
50323	PRIOR BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT	\$0.00	\$0.00	\$0.00	\$0.00
50325	(OPEN O BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL	\$0.00	\$0.00	\$0.00	\$0.00
50327	ALLOGRAFT PR BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL	\$160.64	\$160.64	\$0.00	\$0.00
50328	ALLOGRAFT PR BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL	\$140.69	\$140.69	\$0.00	\$0.00
50329	ALLOGRAFT PR	\$134.41	\$134.41	\$0.00	\$0.00
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	\$704.29	\$704.29	\$0.00	\$0.00
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT	\$1,552.57	\$1,552.57	\$0.00	\$0.00
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT	\$1,873.06	\$1,873.06	\$0.00	\$0.00
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	\$669.85	\$669.85	\$0.00	\$0.00
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING	\$796.86	\$796.86	\$0.00	\$0.00
50382	URE REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT	\$219.71	\$1,096.19	\$0.00	\$0.00
50384	VIA REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC	\$200.01	\$1,057.61	\$0.00	\$0.00
50387	URETERAL	\$79.54	\$528.37	\$0.00	\$0.00

50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH	\$43.89	\$360.55	\$0.00	\$0.00
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTA	\$144.05	\$144.05	\$0.00	\$0.00
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/ OR URETER	\$77.85	\$102.10	\$0.00	\$0.00
50392	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAIN	\$232.19	\$232.19	\$0.00	\$0.00
50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL P	\$288.94	\$288.94	\$0.00	\$0.00
50394	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM,	\$38.27	\$38.27	\$0.00	\$0.00
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO	\$247.48	\$247.48	\$0.00	\$0.00
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLI	\$75.95	\$75.95	\$0.00	\$0.00
50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE	\$58.27	\$58.27	\$0.00	\$0.00
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS,	\$929.67	\$929.67	\$0.00	\$0.00
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS,	\$1,164.79	\$1,164.79	\$0.00	\$0.00
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	\$910.16	\$910.16	\$0.00	\$0.00
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	\$781.23	\$781.23	\$0.00	\$0.00
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL	\$990.76	\$990.76	\$0.00	\$0.00
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY	\$904.55	\$904.55	\$0.00	\$0.00
50540	AND/OR	\$959.03	\$959.03	\$0.00	\$0.00
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	\$654.47	\$654.47	\$0.00	\$0.00
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	\$825.28	\$825.28	\$0.00	\$0.00
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	\$1,038.55	\$1,038.55	\$0.00	\$0.00
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$902.84	\$902.84	\$0.00	\$0.00
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA	\$978.83	\$978.83	\$0.00	\$0.00
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	\$836.59	\$836.59	\$0.00	\$0.00

50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION)	\$1,071.99	\$1,071.99	\$0.00	\$0.00
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	\$982.90	\$982.90	\$0.00	\$0.00
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR	\$228.17	\$228.17	\$0.00	\$0.00
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR	\$224.42	\$224.42	\$0.00	\$0.00
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR	\$328.61	\$328.61	\$0.00	\$0.00
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR	\$332.49	\$332.49	\$0.00	\$0.00
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR	\$371.95	\$371.95	\$0.00	\$0.00
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR	\$439.42	\$439.42	\$0.00	\$0.00
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$322.23	\$322.23	\$0.00	\$0.00
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$516.39	\$516.39	\$0.00	\$0.00
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$528.82	\$528.82	\$0.00	\$0.00
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$700.13	\$700.13	\$0.00	\$0.00
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$574.28	\$574.28	\$0.00	\$0.00
50580	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$452.54	\$452.54	\$0.00	\$0.00
50590	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL,	\$577.02	\$577.02	\$0.00	\$0.00
50592	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	\$287.70	\$4,024.81	\$0.00	\$0.00
50600	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	\$718.14	\$718.14	\$0.00	\$0.00
50605	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	\$601.01	\$601.01	\$0.00	\$0.00
50610	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	\$780.17	\$780.17	\$0.00	\$0.00
50620	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	\$752.17	\$752.17	\$0.00	\$0.00
50630	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	\$780.62	\$780.62	\$0.00	\$0.00
50650	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL	\$833.50	\$833.50	\$0.00	\$0.00
50660	AN	\$913.28	\$913.28	\$0.00	\$0.00

50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH	\$36.66	\$36.66	\$0.00	\$0.00
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETE	\$55.20	\$55.20	\$0.00	\$0.00
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VI	\$44.88	\$44.88	\$0.00	\$0.00
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR	\$43.35	\$43.35	\$0.00	\$0.00
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR	\$782.24	\$782.24	\$0.00	\$0.00
50715	RETROPERITON	\$854.13	\$854.13	\$0.00	\$0.00
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	\$768.05	\$768.05	\$0.00	\$0.00
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINAR	\$868.09	\$868.09	\$0.00	\$0.00
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	\$378.56	\$378.56	\$0.00	\$0.00
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH RE	\$557.20	\$557.20	\$0.00	\$0.00
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	\$897.53	\$897.53	\$0.00	\$0.00
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	\$939.49	\$939.49	\$0.00	\$0.00
50760	URETEROURETEROSTOMY	\$899.61	\$899.61	\$0.00	\$0.00
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETE	\$977.97	\$977.97	\$0.00	\$0.00
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	\$907.44	\$907.44	\$0.00	\$0.00
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	\$940.01	\$940.01	\$0.00	\$0.00
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	\$967.60	\$967.60	\$0.00	\$0.00
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	\$1,019.26	\$1,019.26	\$0.00	\$0.00
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	\$814.57	\$814.57	\$0.00	\$0.00
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHME	\$911.97	\$911.97	\$0.00	\$0.00
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	\$1,129.11	\$1,129.11	\$0.00	\$0.00
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS	\$1,160.83	\$1,160.83	\$0.00	\$0.00
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT	\$1,668.56	\$1,668.56	\$0.00	\$0.00
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT,	\$1,476.01	\$1,476.01	\$0.00	\$0.00

50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING	\$922.36	\$922.36	\$0.00	\$0.00
50845	CUTANEOUS APPENDICO-VESICOSTOMY	\$977.61	\$977.61	\$0.00	\$0.00
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	\$731.60	\$731.60	\$0.00	\$0.00
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	\$664.77	\$664.77	\$0.00	\$0.00
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	\$667.32	\$667.32	\$0.00	\$0.00
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	\$881.66	\$881.66	\$0.00	\$0.00
50940	DELIGATION OF URETER	\$683.88	\$683.88	\$0.00	\$0.00
50945	LAPAROSCOPY, SURGICAL; URETEROLITHOTOMY	\$692.25	\$692.25	\$0.00	\$0.00
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETER	\$1,051.02	\$1,051.02	\$0.00	\$0.00
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URE	\$961.31	\$961.31	\$0.00	\$0.00
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	\$0.00	\$0.00	\$0.00	\$0.00
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$220.29	\$220.29	\$0.00	\$0.00
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$231.52	\$231.52	\$0.00	\$0.00
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$272.54	\$272.54	\$0.00	\$0.00
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$272.37	\$272.37	\$0.00	\$0.00
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$254.12	\$254.12	\$0.00	\$0.00
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$360.82	\$360.82	\$0.00	\$0.00
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$247.37	\$247.37	\$0.00	\$0.00
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$472.90	\$472.90	\$0.00	\$0.00
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$452.26	\$452.26	\$0.00	\$0.00
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$292.25	\$292.25	\$0.00	\$0.00
51000	ASPIRATION OF BLADDER BY NEEDLE	\$36.98	\$36.98	\$0.00	\$0.00
51005	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$43.24	\$43.24	\$0.00	\$0.00
51010	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$103.22	\$103.22	\$0.00	\$0.00

51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACT	\$378.22	\$378.22	\$0.00	\$0.00
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL	\$309.19	\$309.19	\$0.00	\$0.00
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$278.22	\$278.22	\$0.00	\$0.00
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT	\$322.42	\$322.42	\$0.00	\$0.00
51050	VESICAL NE	\$385.22	\$385.22	\$0.00	\$0.00
51060	TRANSVESICAL URETEROLITHOTOMY	\$541.66	\$541.66	\$0.00	\$0.00
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR	\$443.37	\$443.37	\$0.00	\$0.00
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$311.54	\$311.54	\$0.00	\$0.00
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA RE	\$493.34	\$493.34	\$0.00	\$0.00
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	\$504.93	\$504.93	\$0.00	\$0.00
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE	\$686.96	\$686.96	\$0.00	\$0.00
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	\$605.06	\$605.06	\$0.00	\$0.00
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$571.44	\$571.44	\$0.00	\$0.00
51550	CYSTECTOMY, PARTIAL; SIMPLE	\$736.48	\$736.48	\$0.00	\$0.00
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY,	\$935.80	\$935.80	\$0.00	\$0.00
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER	\$1,052.60	\$1,052.60	\$0.00	\$0.00
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	\$1,109.65	\$1,109.65	\$0.00	\$0.00
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING	\$1,487.65	\$1,487.65	\$0.00	\$0.00
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS	\$1,412.15	\$1,412.15	\$0.00	\$0.00
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS	\$1,678.02	\$1,678.02	\$0.00	\$0.00
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER,	\$1,606.35	\$1,606.35	\$0.00	\$0.00
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER,	\$1,992.75	\$1,992.75	\$0.00	\$0.00

51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, US	\$2,083.94	\$2,083.94	\$0.00	\$0.00
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING	\$1,961.23	\$1,961.23	\$0.00	\$0.00
51600	URETHROCYSTOGRAPHY	\$34.06	\$34.06	\$0.00	\$0.00
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN	\$41.93	\$41.93	\$0.00	\$0.00
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$54.38	\$54.38	\$0.00	\$0.00
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$29.26	\$32.21	\$0.00	\$0.00
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZA	\$20.31	\$42.41	\$0.00	\$0.00
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$22.11	\$65.79	\$0.00	\$0.00
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG,	\$59.81	\$93.72	\$0.00	\$0.00
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	\$35.12	\$40.21	\$0.00	\$0.00
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	\$51.94	\$59.59	\$0.00	\$0.00
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES O	\$187.38	\$187.38	\$0.00	\$0.00
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TI	\$64.76	\$70.80	\$0.00	\$0.00
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$74.07	\$74.07	\$11.16	\$62.91
51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$87.94	\$87.94	\$14.09	\$73.85
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL	\$36.62	\$36.62	\$4.27	\$32.35
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$62.55	\$62.55	\$6.12	\$56.43
51772	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER,	\$75.13	\$75.13	\$12.48	\$62.65
51784	OTHER TH	\$75.46	\$75.46	\$11.43	\$64.03
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, A	\$75.46	\$75.46	\$11.43	\$64.03
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LA	\$88.90	\$88.90	\$39.34	\$49.56
51795	VOIDING PRESSURE STUDIES (VP); BLADDER VOIDING PRESSURE, ANY TECHNIQUE	\$87.41	\$87.41	\$25.76	\$61.64

51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY		\$75.13	\$75.13	\$13.28	\$61.84
51798	BY		\$14.15	\$14.15	\$0.00	\$0.00
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR		\$836.71	\$836.71	\$0.00	\$0.00
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY		\$719.45	\$719.45	\$0.00	\$0.00
51840	ANTERIOR VESICourethropeXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRA		\$564.89	\$564.89	\$0.00	\$0.00
51841	ANTERIOR VESICourethropeXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRA		\$686.33	\$686.33	\$0.00	\$0.00
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC		\$579.60	\$579.60	\$0.00	\$0.00
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE		\$554.26	\$554.26	\$0.00	\$0.00
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED		\$735.34	\$735.34	\$0.00	\$0.00
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)		\$357.24	\$357.24	\$0.00	\$0.00
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH		\$689.18	\$689.18	\$0.00	\$0.00
51920	CLOSURE OF VESICOUTERINE FISTULA;		\$529.33	\$529.33	\$0.00	\$0.00
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	R	\$740.46	\$740.46	\$0.00	\$0.00
51940	CLOSURE, EXSTROPHY OF BLADDER		\$1,295.81	\$1,295.81	\$0.00	\$0.00
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS		\$1,249.76	\$1,249.76	\$0.00	\$0.00
51980	CUTANEOUS VESICOSTOMY		\$524.37	\$524.37	\$0.00	\$0.00
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE		\$534.61	\$534.61	\$0.00	\$0.00
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FA		\$583.28	\$583.28	\$0.00	\$0.00
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	R	\$0.00	\$0.00	\$0.00	\$0.00
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)		\$80.22	\$98.06	\$0.00	\$0.00
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTI		\$101.50	\$101.50	\$0.00	\$0.00
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT		\$133.90	\$133.90	\$0.00	\$0.00
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT		\$171.06	\$171.06	\$0.00	\$0.00

52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITH	\$118.96	\$144.44	\$0.00	\$0.00
52204	CYSTOURETHROSCOPY, WITH BIOPSY	\$139.21	\$139.21	\$0.00	\$0.00
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER	\$190.77	\$190.77	\$0.00	\$0.00
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER	\$176.97	\$176.97	\$0.00	\$0.00
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER	\$273.13	\$273.13	\$0.00	\$0.00
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER	\$366.55	\$366.55	\$0.00	\$0.00
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER	\$596.14	\$596.14	\$0.00	\$0.00
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WIT	\$215.80	\$215.80	\$0.00	\$0.00
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS;	\$176.97	\$176.97	\$0.00	\$0.00
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS;	\$107.78	\$125.88	\$0.00	\$0.00
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	\$214.26	\$214.26	\$0.00	\$0.00
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	\$237.91	\$237.91	\$0.00	\$0.00
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$249.10	\$249.10	\$0.00	\$0.00
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOM	\$321.75	\$321.75	\$0.00	\$0.00
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICT	\$118.73	\$149.71	\$0.00	\$0.00
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	\$313.59	\$313.59	\$0.00	\$0.00
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$153.89	\$153.89	\$0.00	\$0.00
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH A	\$152.65	\$192.08	\$0.00	\$0.00
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	\$203.28	\$203.28	\$0.00	\$0.00
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC	\$258.81	\$258.81	\$0.00	\$0.00
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCEL	\$256.96	\$256.96	\$0.00	\$0.00

52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	\$258.20	\$258.20	\$0.00	\$0.00
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL	\$169.94	\$169.94	\$0.00	\$0.00
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL	\$271.76	\$271.76	\$0.00	\$0.00
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA	\$377.55	\$377.55	\$0.00	\$0.00
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA	\$499.73	\$499.73	\$0.00	\$0.00
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL O	\$279.69	\$279.69	\$0.00	\$0.00
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTA	\$385.30	\$385.30	\$0.00	\$0.00
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETER	\$260.01	\$260.01	\$0.00	\$0.00
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULAT	\$249.47	\$249.47	\$0.00	\$0.00
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GI	\$176.92	\$176.92	\$0.00	\$0.00
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY	\$239.31	\$239.31	\$0.00	\$0.00
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON	\$243.12	\$243.12	\$0.00	\$0.00
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE	\$263.18	\$263.18	\$0.00	\$0.00
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOO	\$291.55	\$291.55	\$0.00	\$0.00
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICT	\$311.60	\$311.60	\$0.00	\$0.00
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC	\$332.15	\$332.15	\$0.00	\$0.00
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL	\$373.63	\$373.63	\$0.00	\$0.00
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	\$247.37	\$247.37	\$0.00	\$0.00

52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL O	\$305.07	\$305.07	\$0.00	\$0.00
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIP	\$353.43	\$353.43	\$0.00	\$0.00
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AN	\$310.28	\$310.28	\$0.00	\$0.00
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION	\$364.94	\$364.94	\$0.00	\$0.00
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENIT	\$431.74	\$431.74	\$0.00	\$0.00
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULAT	\$210.10	\$210.10	\$0.00	\$0.00
52450	TRANSURETHRAL INCISION OF PROSTATE	\$352.62	\$352.62	\$0.00	\$0.00
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$446.52	\$446.52	\$0.00	\$0.00
52510	TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA	\$400.13	\$400.13	\$0.00	\$0.00
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL	\$684.31	\$684.31	\$0.00	\$0.00
52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER T	\$317.44	\$317.44	\$0.00	\$0.00
52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTIO	\$473.13	\$473.13	\$0.00	\$0.00
52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTI	\$383.93	\$383.93	\$0.00	\$0.00
52620	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS	\$332.59	\$332.59	\$0.00	\$0.00
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN	\$444.43	\$444.43	\$0.00	\$0.00
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	\$364.76	\$364.76	\$0.00	\$0.00
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEE	\$635.30	\$635.30	\$0.00	\$0.00
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE	\$660.24	\$660.24	\$0.00	\$0.00
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$281.93	\$281.93	\$0.00	\$0.00
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS	\$110.32	\$110.32	\$0.00	\$0.00

53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL	\$192.02	\$192.02	\$0.00	\$0.00
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	\$76.12	\$76.12	\$0.00	\$0.00
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	\$56.56	\$56.56	\$0.00	\$0.00
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$230.59	\$230.59	\$0.00	\$0.00
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	\$91.09	\$91.09	\$0.00	\$0.00
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE	\$289.93	\$289.93	\$0.00	\$0.00
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	\$481.81	\$481.81	\$0.00	\$0.00
53200	BIOPSY OF URETHRA	\$108.42	\$108.42	\$0.00	\$0.00
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	\$537.99	\$537.99	\$0.00	\$0.00
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	\$719.67	\$719.67	\$0.00	\$0.00
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$332.93	\$332.93	\$0.00	\$0.00
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	\$497.16	\$497.16	\$0.00	\$0.00
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	\$428.25	\$428.25	\$0.00	\$0.00
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$304.01	\$304.01	\$0.00	\$0.00
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	\$285.31	\$285.31	\$0.00	\$0.00
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	\$119.91	\$119.91	\$0.00	\$0.00
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	\$145.86	\$145.86	\$0.00	\$0.00
53270	EXCISION OR FULGURATION; SKENE'S GLANDS	\$101.62	\$112.88	\$0.00	\$0.00
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	\$197.87	\$197.87	\$0.00	\$0.00
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (E	\$564.79	\$564.79	\$0.00	\$0.00
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY	\$709.82	\$709.82	\$0.00	\$0.00
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	\$707.47	\$707.47	\$0.00	\$0.00
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION O	\$889.18	\$889.18	\$0.00	\$0.00
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR	\$561.11	\$707.02	\$0.00	\$0.00
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR	\$714.92	\$714.92	\$0.00	\$0.00
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	\$666.51	\$666.51	\$0.00	\$0.00
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/ OR LOWER	\$808.61	\$808.61	\$0.00	\$0.00

53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCI	\$723.37	\$723.37	\$0.00	\$0.00
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA	\$397.99	\$397.99	\$0.00	\$0.00
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	\$577.30	\$577.30	\$0.00	\$0.00
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING	\$886.61	\$886.61	\$0.00	\$0.00
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$528.03	\$528.03	\$0.00	\$0.00
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	\$630.29	\$630.29	\$0.00	\$0.00
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	\$959.21	\$959.21	\$0.00	\$0.00
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$514.28	\$514.28	\$0.00	\$0.00
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$247.90	\$247.90	\$0.00	\$0.00
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT	\$268.12	\$268.12	\$0.00	\$0.00
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCO	\$533.60	\$533.60	\$0.00	\$0.00
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	\$358.48	\$358.48	\$0.00	\$0.00
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	\$362.90	\$362.90	\$0.00	\$0.00
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	\$484.07	\$484.07	\$0.00	\$0.00
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	\$636.54	\$636.54	\$0.00	\$0.00
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE	\$412.50	\$412.50	\$0.00	\$0.00
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR	\$40.66	\$45.09	\$0.00	\$0.00
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR	\$33.37	\$37.26	\$0.00	\$0.00
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR	\$51.11	\$51.11	\$0.00	\$0.00
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MA	\$55.05	\$61.36	\$0.00	\$0.00
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MA	\$45.68	\$50.78	\$0.00	\$0.00

53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION;	\$25.32	\$29.07	\$0.00	\$0.00
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION;	\$25.21	\$28.56	\$0.00	\$0.00
	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL)				
53665	ANESTHESIA	\$32.93	\$32.93	\$0.00	\$0.00
	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE				
53850	THERMOTHERA	\$461.57	\$461.57	\$0.00	\$0.00
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY	\$482.44	\$482.44	\$0.00	\$0.00
53853	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY WATER-INDUCED	\$194.46	\$1,490.27	\$0.00	\$0.00
53899	UNLISTED PROCEDURE, URINARY SYSTEM	\$50.00	\$0.00	\$0.00	\$0.00
	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);				
54000	NEWBORN	\$62.32	\$62.32	\$0.00	\$0.00
	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT				
54001	NE	\$87.51	\$87.51	\$0.00	\$0.00
54015	INCISION AND DRAINAGE OF PENIS, DEEP	\$175.86	\$175.86	\$0.00	\$0.00
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$40.74	\$45.84	\$0.00	\$0.00
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$44.56	\$52.74	\$0.00	\$0.00
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$43.00	\$50.11	\$0.00	\$0.00
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$80.79	\$80.79	\$0.00	\$0.00
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$89.46	\$89.46	\$0.00	\$0.00
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$108.74	\$141.87	\$0.00	\$0.00
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	\$74.89	\$74.89	\$0.00	\$0.00
54105	BIOPSY OF PENIS; DEEP STRUCTURES	\$131.00	\$131.00	\$0.00	\$0.00
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	\$460.02	\$460.02	\$0.00	\$0.00
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LE	\$652.14	\$652.14	\$0.00	\$0.00
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN	\$762.71	\$762.71	\$0.00	\$0.00

54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)		\$289.48	\$289.48	\$0.00	\$0.00
54120	AMPUTATION OF PENIS; PARTIAL		\$459.74	\$459.74	\$0.00	\$0.00
54125	AMPUTATION OF PENIS; COMPLETE		\$714.09	\$714.09	\$0.00	\$0.00
	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL					
54130	LYMPHADENE		\$980.46	\$980.46	\$0.00	\$0.00
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC		\$1,252.25	\$1,252.25	\$0.00	\$0.00
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN		\$67.93	\$67.93	\$0.00	\$0.00
54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN		\$119.99	\$119.99	\$0.00	\$0.00
	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL					
54160	SLI		\$120.93	\$120.93	\$0.00	\$0.00
	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL					
54161	SLI		\$158.28	\$158.28	\$0.00	\$0.00
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS		\$165.95	\$165.95	\$0.00	\$0.00
54163	REPAIR INCOMPLETE CIRCUMCISION		\$156.40	\$156.40	\$0.00	\$0.00
54164	FRENULOTOMY OF PENIS		\$136.87	\$136.87	\$0.00	\$0.00
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;		\$34.66	\$38.95	\$0.00	\$0.00
	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF					
54205	PL		\$360.48	\$360.48	\$0.00	\$0.00
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM		\$117.52	\$117.52	\$0.00	\$0.00
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY		\$60.45	\$78.42	\$0.00	\$0.00
	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF					
54231	VASOACT	R	\$101.89	\$101.89	\$0.00	\$0.00
	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG,					
54235	PAPAVE		\$41.66	\$47.42	\$0.00	\$0.00
54240	PENILE PLETHYSMOGRAPHY		\$67.91	\$67.91	\$14.33	\$53.58
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST		\$88.54	\$88.54	\$8.78	\$79.77
	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG,					
54300	HYPOSPADI		\$500.58	\$500.58	\$0.00	\$0.00
	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST					
54304	STAG		\$610.08	\$610.08	\$0.00	\$0.00
	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING					
54308	URINARY		\$514.42	\$514.42	\$0.00	\$0.00
	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING					
54312	URINARY		\$659.59	\$659.59	\$0.00	\$0.00
	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING					
54316	URINARY		\$799.99	\$799.99	\$0.00	\$0.00

54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM		\$536.17	\$536.17	\$0.00	\$0.00
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		\$584.20	\$584.20	\$0.00	\$0.00
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		\$774.40	\$774.40	\$0.00	\$0.00
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		\$741.50	\$741.50	\$0.00	\$0.00
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR		\$751.95	\$751.95	\$0.00	\$0.00
54332	REQUIRING ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION		\$837.75	\$837.75	\$0.00	\$0.00
54336	T		\$1,094.06	\$1,094.06	\$0.00	\$0.00
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		\$428.03	\$428.03	\$0.00	\$0.00
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		\$918.85	\$918.85	\$0.00	\$0.00
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		\$819.72	\$819.72	\$0.00	\$0.00
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCIS		\$1,169.73	\$1,169.73	\$0.00	\$0.00
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION		\$540.25	\$540.25	\$0.00	\$0.00
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER		\$640.32	\$640.32	\$0.00	\$0.00
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER		\$735.00	\$735.00	\$0.00	\$0.00
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER		\$1,017.70	\$1,017.70	\$0.00	\$0.00
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	R	\$577.40	\$577.40	\$0.00	\$0.00
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	R	\$657.84	\$657.84	\$0.00	\$0.00
54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING	R	\$855.35	\$855.35	\$0.00	\$0.00
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE		\$525.42	\$525.42	\$0.00	\$0.00
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHE		\$553.68	\$553.68	\$0.00	\$0.00
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT,	R	\$656.06	\$656.06	\$0.00	\$0.00
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATA	R	\$712.26	\$712.26	\$0.00	\$0.00

54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED)		\$387.83	\$387.83	\$0.00	\$0.00
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	R	\$505.72	\$505.72	\$0.00	\$0.00
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	R	\$625.79	\$625.79	\$0.00	\$0.00
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERA		\$544.18	\$544.18	\$0.00	\$0.00
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILAT		\$484.48	\$484.48	\$0.00	\$0.00
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER		\$285.99	\$285.99	\$0.00	\$0.00
54440	PLASTIC OPERATION OF PENIS FOR INJURY		\$683.52	\$683.52	\$0.00	\$0.00
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRET		\$52.80	\$52.80	\$0.00	\$0.00
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)		\$51.46	\$51.46	\$0.00	\$0.00
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)		\$155.30	\$155.30	\$0.00	\$0.00
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS		\$385.12	\$385.12	\$0.00	\$0.00
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULA		\$299.72	\$299.72	\$0.00	\$0.00
54522	ORCHIECTOMY, PARTIAL		\$437.11	\$437.11	\$0.00	\$0.00
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH		\$450.97	\$450.97	\$0.00	\$0.00
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION		\$589.24	\$589.24	\$0.00	\$0.00
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)		\$371.61	\$371.61	\$0.00	\$0.00
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION		\$520.54	\$520.54	\$0.00	\$0.00
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF		\$328.95	\$328.95	\$0.00	\$0.00
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)		\$234.69	\$234.69	\$0.00	\$0.00
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR		\$424.06	\$424.06	\$0.00	\$0.00
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG,		\$552.58	\$552.58	\$0.00	\$0.00
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)		\$240.31	\$240.31	\$0.00	\$0.00
54670	SUTURE OR REPAIR OF TESTICULAR INJURY		\$303.60	\$303.60	\$0.00	\$0.00
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION		\$577.44	\$577.44	\$0.00	\$0.00
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	R	\$516.32	\$516.32	\$0.00	\$0.00
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	R	\$535.70	\$535.70	\$0.00	\$0.00

54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG,		\$125.99	\$125.99	\$0.00	\$0.00
54800	BIOPSY OF EPIDIDYMIS, NEEDLE		\$125.83	\$125.83	\$0.00	\$0.00
54820	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY		\$215.82	\$215.82	\$0.00	\$0.00
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS		\$252.39	\$252.39	\$0.00	\$0.00
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY		\$288.49	\$288.49	\$0.00	\$0.00
54860	EPIDIDYMECTOMY; UNILATERAL		\$327.17	\$327.17	\$0.00	\$0.00
54861	EPIDIDYMECTOMY; BILATERAL		\$463.89	\$463.89	\$0.00	\$0.00
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATE		\$631.22	\$631.22	\$0.00	\$0.00
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATER		\$866.44	\$866.44	\$0.00	\$0.00
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT		\$48.30	\$53.66	\$0.00	\$0.00
55040	EXCISION OF HYDROCELE; UNILATERAL		\$295.37	\$295.37	\$0.00	\$0.00
55041	EXCISION OF HYDROCELE; BILATERAL		\$436.60	\$436.60	\$0.00	\$0.00
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)		\$275.80	\$275.80	\$0.00	\$0.00
55100	DRAINAGE OF SCROTAL WALL ABSCESS		\$78.17	\$78.17	\$0.00	\$0.00
55110	SCROTAL EXPLORATION		\$257.26	\$257.26	\$0.00	\$0.00
55120	REMOVAL OF FOREIGN BODY IN SCROTUM		\$193.38	\$193.38	\$0.00	\$0.00
55150	RESECTION OF SCROTUM		\$354.28	\$354.28	\$0.00	\$0.00
55175	SCROTOPLASTY; SIMPLE		\$276.76	\$276.76	\$0.00	\$0.00
55180	SCROTOPLASTY; COMPLICATED		\$498.61	\$498.61	\$0.00	\$0.00
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR		\$179.18	\$179.18	\$0.00	\$0.00
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING	R	\$136.27	\$171.54	\$0.00	\$0.00
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS,		\$182.24	\$182.24	\$0.00	\$0.00
55400	VASOVASOSTOMY, VASOVASORRHAPHY		\$433.10	\$433.10	\$0.00	\$0.00
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPA	R	\$192.51	\$192.51	\$0.00	\$0.00
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDUR		\$282.95	\$282.95	\$0.00	\$0.00
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)		\$263.92	\$263.92	\$0.00	\$0.00
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE;		\$313.98	\$313.98	\$0.00	\$0.00

55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE;		\$312.35	\$312.35	\$0.00	\$0.00
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR		\$356.62	\$356.62	\$0.00	\$0.00
55550	VARICOCELE	R	\$304.18	\$304.18	\$0.00	\$0.00
55600	VESICULOTOMY;		\$307.08	\$307.08	\$0.00	\$0.00
55605	VESICULOTOMY; COMPLICATED		\$387.55	\$387.55	\$0.00	\$0.00
55650	VESICULECTOMY, ANY APPROACH		\$542.53	\$542.53	\$0.00	\$0.00
55680	EXCISION OF MULLERIAN DUCT CYST		\$269.49	\$269.49	\$0.00	\$0.00
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH		\$69.83	\$89.95	\$0.00	\$0.00
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH		\$228.06	\$228.06	\$0.00	\$0.00
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SI		\$324.39	\$324.39	\$0.00	\$0.00
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH;		\$389.81	\$389.81	\$0.00	\$0.00
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE		\$854.07	\$854.07	\$0.00	\$0.00
55810	PROSTATECTOMY, PERINEAL RADICAL;		\$1,144.96	\$1,144.96	\$0.00	\$0.00
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PE PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC		\$1,274.01	\$1,274.01	\$0.00	\$0.00
55815	LYMPHADENECTOMY		\$1,570.12	\$1,570.12	\$0.00	\$0.00
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY,		\$778.78	\$778.78	\$0.00	\$0.00
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY,		\$845.13	\$845.13	\$0.00	\$0.00
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;		\$1,106.74	\$1,106.74	\$0.00	\$0.00
55842	WITH		\$1,225.69	\$1,225.69	\$0.00	\$0.00
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH		\$1,516.87	\$1,516.87	\$0.00	\$0.00
55859	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR		\$415.33	\$415.33	\$0.00	\$0.00

55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST		\$599.40	\$599.40	\$0.00	\$0.00
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST		\$844.19	\$844.19	\$0.00	\$0.00
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST		\$1,351.03	\$1,351.03	\$0.00	\$0.00
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING		\$1,223.28	\$1,223.28	\$0.00	\$0.00
55873	NER					
55899	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FO		\$799.77	\$799.77	\$0.00	\$0.00
56405	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	R	\$0.00	\$0.00	\$0.00	\$0.00
56420	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS		\$54.62	\$64.82	\$0.00	\$0.00
56440	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS		\$53.21	\$63.94	\$0.00	\$0.00
56441	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST		\$165.05	\$165.05	\$0.00	\$0.00
56501	LYSIS OF LABIAL ADHESIONS		\$107.89	\$107.89	\$0.00	\$0.00
56515	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSUR		\$53.34	\$60.59	\$0.00	\$0.00
56605	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY,		\$133.62	\$133.62	\$0.00	\$0.00
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION		\$38.00	\$47.12	\$0.00	\$0.00
56620	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE					
56625	ADDITI		\$19.26	\$23.95	\$0.00	\$0.00
56630	VULVECTOMY SIMPLE; PARTIAL		\$403.28	\$403.28	\$0.00	\$0.00
56631	VULVECTOMY SIMPLE; COMPLETE		\$524.54	\$524.54	\$0.00	\$0.00
56632	VULVECTOMY, RADICAL, PARTIAL;		\$747.95	\$747.95	\$0.00	\$0.00
56633	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL		\$1,038.69	\$1,038.69	\$0.00	\$0.00
56634	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL					
56637	LYMPHADENE		\$1,228.98	\$1,228.98	\$0.00	\$0.00
56640	VULVECTOMY, RADICAL, COMPLETE;		\$864.57	\$864.57	\$0.00	\$0.00
56700	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL		\$1,155.31	\$1,155.31	\$0.00	\$0.00
56720	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL		\$1,280.96	\$1,280.96	\$0.00	\$0.00
56740	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC		\$1,230.55	\$1,230.55	\$0.00	\$0.00
56800	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING		\$128.33	\$128.33	\$0.00	\$0.00
56805	HYMENOTOMY, SIMPLE INCISION		\$35.50	\$35.50	\$0.00	\$0.00
56805	EXCISION OF BARTHOLIN'S GLAND OR CYST		\$195.98	\$195.98	\$0.00	\$0.00
56805	PLASTIC REPAIR OF INTROITUS		\$201.62	\$201.62	\$0.00	\$0.00
56805	CLITOROPLASTY FOR INTERSEX STATE		\$802.98	\$802.98	\$0.00	\$0.00

56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$199.16	\$199.16	\$0.00	\$0.00
56820	COLPOSCOPY OF THE VULVA;	\$62.47	\$87.91	\$0.00	\$0.00
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	\$86.02	\$114.28	\$0.00	\$0.00
57000	COLPOTOMY; WITH EXPLORATION	\$148.64	\$148.64	\$0.00	\$0.00
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	\$242.22	\$242.22	\$0.00	\$0.00
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	\$64.85	\$64.85	\$0.00	\$0.00
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	\$118.47	\$118.47	\$0.00	\$0.00
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG,	\$118.47	\$118.47	\$0.00	\$0.00
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY,	\$50.34	\$61.34	\$0.00	\$0.00
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY,	\$181.08	\$181.08	\$0.00	\$0.00
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	\$39.94	\$48.25	\$0.00	\$0.00
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS	\$98.25	\$98.25	\$0.00	\$0.00
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	\$265.09	\$267.16	\$0.00	\$0.00
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGI	\$903.73	\$908.39	\$0.00	\$0.00
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGI	\$1,092.33	\$1,103.74	\$0.00	\$0.00
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	\$649.67	\$649.67	\$0.00	\$0.00
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAG	\$1,094.14	\$1,094.14	\$0.00	\$0.00
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAG	\$1,165.45	\$1,166.48	\$0.00	\$0.00
57120	COLPOCLEISIS (LE FORT TYPE)	\$421.66	\$421.66	\$0.00	\$0.00
57130	EXCISION OF VAGINAL SEPTUM	\$154.06	\$154.06	\$0.00	\$0.00
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$138.47	\$138.47	\$0.00	\$0.00
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF	\$31.10	\$33.65	\$0.00	\$0.00
57155	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT	\$290.92	\$290.92	\$0.00	\$0.00
57160	DEVICE	\$30.68	\$34.04	\$0.00	\$0.00
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	\$32.45	\$36.74	\$0.00	\$0.00
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMA	\$54.94	\$62.32	\$0.00	\$0.00
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$195.25	\$195.25	\$0.00	\$0.00

57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM	\$242.30	\$242.30	\$0.00	\$0.00
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY	\$252.09	\$252.09	\$0.00	\$0.00
57230	PLASTIC REPAIR OF URETHROCELE	\$267.32	\$267.32	\$0.00	\$0.00
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT	\$382.11	\$382.11	\$0.00	\$0.00
57250	PERINEORRH	\$357.20	\$357.20	\$0.00	\$0.00
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	\$500.41	\$500.41	\$0.00	\$0.00
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR	\$519.90	\$519.90	\$0.00	\$0.00
57267	DEFEC	\$211.63	\$211.63	\$0.00	\$0.00
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	\$404.91	\$404.91	\$0.00	\$0.00
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	\$434.15	\$434.15	\$0.00	\$0.00
57280	COLPOPEXY, ABDOMINAL APPROACH	\$518.76	\$518.76	\$0.00	\$0.00
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCY	\$516.32	\$516.32	\$0.00	\$0.00
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS	\$498.84	\$498.84	\$0.00	\$0.00
57284	URINA	\$605.87	\$605.87	\$0.00	\$0.00
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR	\$505.43	\$505.43	\$0.00	\$0.00
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$682.68	\$682.68	\$0.00	\$0.00
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$434.93	\$434.93	\$0.00	\$0.00
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	\$391.32	\$391.32	\$0.00	\$0.00
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	\$571.32	\$571.32	\$0.00	\$0.00
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPR	\$357.90	\$357.90	\$0.00	\$0.00
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	\$452.33	\$452.33	\$0.00	\$0.00
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	\$495.41	\$495.41	\$0.00	\$0.00
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT	\$489.89	\$489.89	\$0.00	\$0.00
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL	\$507.22	\$507.22	\$0.00	\$0.00

57310	CLOSURE OF URETHROVAGINAL FISTULA; CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS	\$306.53	\$306.53	\$0.00	\$0.00
57311	TRANSPLANT	\$371.78	\$371.78	\$0.00	\$0.00
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	\$499.48	\$499.48	\$0.00	\$0.00
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	\$584.47	\$584.47	\$0.00	\$0.00
57335	VAGINOPLASTY FOR INTERSEX STATE	\$0.00	\$0.00	\$0.00	\$0.00
57400	DILATION OF VAGINA UNDER ANESTHESIA	\$34.66	\$34.66	\$0.00	\$0.00
57410	PELVIC EXAMINATION UNDER ANESTHESIA REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE)	\$28.18	\$28.18	\$0.00	\$0.00
57415	UNDER	\$37.57	\$37.57	\$0.00	\$0.00
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$66.38	\$91.82	\$0.00	\$0.00
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S	\$91.88	\$120.14	\$0.00	\$0.00
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	\$0.00	\$669.30	\$0.00	\$0.00
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH	\$41.17	\$49.89	\$0.00	\$0.00
57454	BIOPSY(COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH	\$59.81	\$76.04	\$0.00	\$0.00
57455	BIOPSY(COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH	\$83.52	\$110.50	\$0.00	\$0.00
57456	ENDOCER	\$78.21	\$104.42	\$0.00	\$0.00
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP	\$121.31	\$148.40	\$0.00	\$0.00
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP	\$144.83	\$242.98	\$0.00	\$0.00
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND	\$39.02	\$46.67	\$0.00	\$0.00
57505	CURETTAGE)	\$43.59	\$52.04	\$0.00	\$0.00
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$63.45	\$70.42	\$0.00	\$0.00
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	\$69.82	\$81.22	\$0.00	\$0.00
57513	CAUTERY OF CERVIX; LASER ABLATION CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT	\$133.87	\$133.87	\$0.00	\$0.00
57520	DIL CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT	\$226.47	\$226.47	\$0.00	\$0.00
57522	DIL	\$205.93	\$205.93	\$0.00	\$0.00

57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE		\$245.48	\$245.48	\$0.00	\$0.00
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND		\$1,187.54	\$1,187.54	\$0.00	\$0.00
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;		\$393.83	\$393.83	\$0.00	\$0.00
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPA		\$342.42	\$342.42	\$0.00	\$0.00
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;		\$349.94	\$349.94	\$0.00	\$0.00
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR		\$562.49	\$562.49	\$0.00	\$0.00
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCEL		\$521.69	\$521.69	\$0.00	\$0.00
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL		\$169.20	\$169.20	\$0.00	\$0.00
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH		\$199.74	\$199.74	\$0.00	\$0.00
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)		\$31.46	\$37.90	\$0.00	\$0.00
57820	DILATION AND CURETTAGE OF CERVICAL STUMP		\$114.50	\$114.50	\$0.00	\$0.00
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING		\$33.09	\$41.94	\$0.00	\$0.00
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY		\$33.09	\$39.21	\$0.00	\$0.00
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)		\$157.92	\$157.92	\$0.00	\$0.00
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL		\$488.28	\$488.28	\$0.00	\$0.00
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL		\$474.40	\$474.40	\$0.00	\$0.00
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMUR		\$819.91	\$819.91	\$0.00	\$0.00
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO	R	\$688.69	\$688.69	\$0.00	\$0.00
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO	R	\$798.27	\$798.27	\$0.00	\$0.00
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR	R	\$578.91	\$578.91	\$0.00	\$0.00
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH	R	\$1,013.03	\$1,013.03	\$0.00	\$0.00

58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENE	R	\$1,274.03	\$1,274.03	\$0.00	\$0.00
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL	R	\$1,764.83	\$1,764.83	\$0.00	\$0.00
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	R	\$636.38	\$636.38	\$0.00	\$0.00
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF	R	\$685.38	\$685.38	\$0.00	\$0.00
58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF	R	\$749.48	\$749.48	\$0.00	\$0.00
58267	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH	R	\$778.08	\$778.08	\$0.00	\$0.00
58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF	R	\$700.47	\$700.47	\$0.00	\$0.00
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	R	\$762.47	\$762.47	\$0.00	\$0.00
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR O	R	\$758.60	\$758.60	\$0.00	\$0.00
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	R	\$888.79	\$888.79	\$0.00	\$0.00
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	R	\$819.58	\$819.58	\$0.00	\$0.00
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL	R	\$900.96	\$900.96	\$0.00	\$0.00
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL	R	\$954.57	\$954.57	\$0.00	\$0.00
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	R	\$992.02	\$992.02	\$0.00	\$0.00
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR O	R	\$878.82	\$878.82	\$0.00	\$0.00
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)		\$47.06	\$59.25	\$0.00	\$0.00
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)		\$29.40	\$35.43	\$0.00	\$0.00
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SA		\$43.05	\$43.05	\$0.00	\$0.00
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AN	R	\$238.84	\$238.84	\$0.00	\$0.00
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY		\$310.37	\$310.37	\$0.00	\$0.00
58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	R	\$50.56	\$50.56	\$0.00	\$0.00
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE		\$162.96	\$162.96	\$0.00	\$0.00
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING		\$278.58	\$1,777.40	\$0.00	\$0.00
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT		\$345.55	\$345.55	\$0.00	\$0.00

58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT		\$367.69	\$367.69	\$0.00	\$0.00
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)		\$324.11	\$324.11	\$0.00	\$0.00
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)		\$450.69	\$450.69	\$0.00	\$0.00
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS		\$657.30	\$657.30	\$0.00	\$0.00
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOM		\$829.93	\$829.93	\$0.00	\$0.00
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS	R	\$649.94	\$649.94	\$0.00	\$0.00
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS	R	\$640.10	\$640.10	\$0.00	\$0.00
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T	R	\$824.72	\$824.72	\$0.00	\$0.00
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T	R	\$816.75	\$816.75	\$0.00	\$0.00
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)		\$162.74	\$162.74	\$0.00	\$0.00
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR		\$213.26	\$213.26	\$0.00	\$0.00
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METH		\$273.34	\$273.34	\$0.00	\$0.00
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEP		\$302.82	\$302.82	\$0.00	\$0.00
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA		\$426.04	\$426.04	\$0.00	\$0.00
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY		\$213.72	\$213.72	\$0.00	\$0.00
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL HYSTERO		\$281.64	\$281.64	\$0.00	\$0.00
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO I	R	\$338.62	\$1,503.69	\$0.00	\$0.00
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	R	\$0.00	\$0.00	\$0.00	\$0.00
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	R	\$0.00	\$0.00	\$0.00	\$0.00
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	R	\$271.75	\$271.75	\$0.00	\$0.00
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	R	\$234.00	\$234.00	\$0.00	\$0.00
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF	R	\$33.52	\$33.52	\$0.00	\$0.00
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING)	R	\$199.53	\$199.53	\$0.00	\$0.00

58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOL	R	\$497.38	\$497.38	\$0.00	\$0.00
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR	R	\$503.77	\$503.77	\$0.00	\$0.00
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE	R	\$507.04	\$507.04	\$0.00	\$0.00
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	R	\$280.12	\$280.12	\$0.00	\$0.00
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND,	R	\$287.90	\$287.90	\$0.00	\$0.00
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	R	\$548.20	\$548.20	\$0.00	\$0.00
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	R	\$583.55	\$583.55	\$0.00	\$0.00
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE	R	\$375.33	\$375.33	\$0.00	\$0.00
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL	R	\$422.70	\$422.70	\$0.00	\$0.00
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	R	\$381.93	\$381.93	\$0.00	\$0.00
58750	TUBOTUBAL ANASTOMOSIS	R	\$463.53	\$463.53	\$0.00	\$0.00
58752	TUBOUTERINE IMPLANTATION	R	\$436.37	\$436.37	\$0.00	\$0.00
58760	FIMBRIOPLASTY	R	\$376.08	\$376.08	\$0.00	\$0.00
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	R	\$372.82	\$372.82	\$0.00	\$0.00
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCED		\$195.39	\$195.39	\$0.00	\$0.00
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCED		\$363.80	\$363.80	\$0.00	\$0.00
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN		\$202.14	\$202.14	\$0.00	\$0.00
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH		\$296.24	\$296.24	\$0.00	\$0.00
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH,		\$170.77	\$170.77	\$0.00	\$0.00
58825	TRANSPOSITION, OVARY(S)		\$295.89	\$295.89	\$0.00	\$0.00
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)		\$326.30	\$326.30	\$0.00	\$0.00
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	R	\$400.39	\$400.39	\$0.00	\$0.00
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL		\$397.28	\$397.28	\$0.00	\$0.00
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	R	\$398.30	\$398.30	\$0.00	\$0.00
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, R		\$901.94	\$901.94	\$0.00	\$0.00

58950	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA		\$773.05	\$773.05	\$0.00	\$0.00
58951	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA	R	\$1,184.26	\$1,184.26	\$0.00	\$0.00
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA	R	\$1,207.48	\$1,207.48	\$0.00	\$0.00
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL	R	\$1,403.32	\$1,403.32	\$0.00	\$0.00
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL	R	\$1,526.07	\$1,526.07	\$0.00	\$0.00
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINA		\$982.70	\$982.70	\$0.00	\$0.00
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY		\$717.37	\$717.37	\$0.00	\$0.00
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	R	\$570.00	\$741.00	\$0.00	\$0.00
59000	AMNIOCENTESIS; DIAGNOSTIC		\$68.54	\$68.54	\$0.00	\$0.00
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOU		\$127.45	\$127.45	\$0.00	\$0.00
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD		\$162.34	\$162.34	\$0.00	\$0.00
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD		\$99.17	\$99.17	\$0.00	\$0.00
59020	FETAL CONTRACTION STRESS TEST		\$62.62	\$62.62	\$15.84	\$46.78
59025	FETAL NON-STRESS TEST		\$34.83	\$34.83	\$6.87	\$27.96
59030	FETAL SCALP BLOOD SAMPLING		\$105.88	\$105.88	\$0.00	\$0.00
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI		\$51.49	\$51.49	\$0.00	\$0.00
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI		\$47.08	\$47.08	\$0.00	\$0.00
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE		\$219.94	\$290.85	\$0.00	\$0.00
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE		\$356.42	\$356.42	\$0.00	\$0.00
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESI		\$219.94	\$277.24	\$0.00	\$0.00
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE		\$356.42	\$356.42	\$0.00	\$0.00
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)		\$309.26	\$309.26	\$0.00	\$0.00
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING		\$455.90	\$455.90	\$0.00	\$0.00
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT		\$375.41	\$375.41	\$0.00	\$0.00

59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY	\$408.09	\$408.09	\$0.00	\$0.00
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN	\$673.61	\$673.61	\$0.00	\$0.00
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN	\$456.82	\$456.82	\$0.00	\$0.00
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	\$281.40	\$281.40	\$0.00	\$0.00
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND	\$333.06	\$333.06	\$0.00	\$0.00
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR	\$458.93	\$458.93	\$0.00	\$0.00
59160	CURETTAGE, POSTPARTUM	\$169.28	\$169.28	\$0.00	\$0.00
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE	\$33.10	\$40.34	\$0.00	\$0.00
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN	\$86.42	\$99.70	\$0.00	\$0.00
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	\$130.48	\$130.48	\$0.00	\$0.00
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	\$203.99	\$203.99	\$0.00	\$0.00
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	\$260.13	\$260.13	\$0.00	\$0.00
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$870.00	\$870.00	\$0.00	\$0.00
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$900.00	\$900.00	\$0.00	\$0.00
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$84.65	\$84.65	\$0.00	\$0.00
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$65.78	\$70.87	\$0.00	\$0.00
59514	CESAREAN DELIVERY ONLY;	\$870.00	\$870.00	\$0.00	\$0.00
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	\$900.00	\$900.00	\$0.00	\$0.00
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATEL	\$374.17	\$374.17	\$0.00	\$0.00
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO	\$870.00	\$870.00	\$0.00	\$0.00
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO	\$900.00	\$900.00	\$0.00	\$0.00
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE	\$870.00	\$870.00	\$0.00	\$0.00
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE	\$900.00	\$900.00	\$0.00	\$0.00

59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY		\$206.50	\$206.50	\$0.00	\$0.00
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER		\$228.74	\$228.74	\$0.00	\$0.00
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER		\$213.02	\$213.02	\$0.00	\$0.00
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY		\$309.03	\$309.03	\$0.00	\$0.00
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	R	\$188.52	\$188.52	\$0.00	\$0.00
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	R	\$214.12	\$214.12	\$0.00	\$0.00
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	R	\$288.16	\$288.16	\$0.00	\$0.00
59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	R	\$301.09	\$301.09	\$0.00	\$0.00
59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	R	\$404.59	\$404.59	\$0.00	\$0.00
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN	R	\$304.56	\$304.56	\$0.00	\$0.00
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN	R	\$376.08	\$376.08	\$0.00	\$0.00
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN	R	\$457.41	\$457.41	\$0.00	\$0.00
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	R	\$0.00	\$205.02	\$0.00	\$0.00
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE		\$214.05	\$214.05	\$0.00	\$0.00
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)		\$117.25	\$117.25	\$0.00	\$0.00
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	R	\$0.00	\$0.00	\$0.00	\$0.00
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	R	\$0.00	\$0.00	\$0.00	\$0.00
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED		\$60.41	\$68.46	\$0.00	\$0.00
60001	ASPIRATION AND/OR INJECTION, THYROID CYST		\$59.54	\$59.54	\$0.00	\$0.00
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE		\$45.46	\$59.54	\$0.00	\$0.00
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS		\$445.84	\$445.84	\$0.00	\$0.00
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMOSECTOMY		\$581.31	\$581.31	\$0.00	\$0.00
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL		\$738.99	\$738.99	\$0.00	\$0.00
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMOSECTOMY		\$557.51	\$557.51	\$0.00	\$0.00
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBEC		\$669.87	\$669.87	\$0.00	\$0.00
60240	THYROIDECTOMY, TOTAL OR COMPLETE		\$790.92	\$790.92	\$0.00	\$0.00

60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK	\$879.97	\$879.97	\$0.00	\$0.00
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK	\$1,079.54	\$1,079.54	\$0.00	\$0.00
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVI	\$517.67	\$517.67	\$0.00	\$0.00
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHO	\$918.83	\$918.83	\$0.00	\$0.00
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH	\$795.80	\$795.80	\$0.00	\$0.00
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	\$380.26	\$380.26	\$0.00	\$0.00
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	\$393.02	\$393.02	\$0.00	\$0.00
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	\$812.72	\$812.72	\$0.00	\$0.00
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	\$926.98	\$926.98	\$0.00	\$0.00
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL	\$999.46	\$999.46	\$0.00	\$0.00
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE F	\$205.93	\$205.93	\$0.00	\$0.00
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDU	\$887.16	\$887.16	\$0.00	\$0.00
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH,	\$945.26	\$945.26	\$0.00	\$0.00
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH,	\$1,061.46	\$1,061.46	\$0.00	\$0.00
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI	\$835.03	\$835.03	\$0.00	\$0.00
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI	\$982.76	\$982.76	\$0.00	\$0.00
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	\$826.37	\$826.37	\$0.00	\$0.00
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	\$875.02	\$875.02	\$0.00	\$0.00
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR	\$739.73	\$739.73	\$0.00	\$0.00
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM R	\$0.00	\$0.00	\$0.00	\$0.00
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR	\$79.19	\$79.19	\$0.00	\$0.00

61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE,	\$59.65	\$71.46	\$0.00	\$0.00
61020	SUTURE, O	\$82.96	\$82.96	\$0.00	\$0.00
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, O	\$109.38	\$109.38	\$0.00	\$0.00
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEP	\$80.94	\$80.94	\$0.00	\$0.00
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION	\$116.66	\$116.66	\$0.00	\$0.00
61070	PROC	\$33.42	\$39.99	\$0.00	\$0.00
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;	\$455.26	\$455.26	\$0.00	\$0.00
61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING	\$307.66	\$307.66	\$0.00	\$0.00
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION	\$694.06	\$694.06	\$0.00	\$0.00
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CON	\$459.02	\$459.02	\$0.00	\$0.00
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	\$876.66	\$876.66	\$0.00	\$0.00
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	\$937.20	\$937.20	\$0.00	\$0.00
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA,	\$400.64	\$400.64	\$0.00	\$0.00
61154	EXTRADURAL O	\$949.97	\$949.97	\$0.00	\$0.00
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	\$955.26	\$955.26	\$0.00	\$0.00
61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION	\$337.68	\$337.68	\$0.00	\$0.00
61215	SYSTE	\$575.91	\$575.91	\$0.00	\$0.00
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY	\$574.03	\$574.03	\$0.00	\$0.00
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	\$680.56	\$680.56	\$0.00	\$0.00
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	\$1,419.68	\$1,419.68	\$0.00	\$0.00
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSS	\$1,630.33	\$1,630.33	\$0.00	\$0.00
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL;	\$1,358.30	\$1,358.30	\$0.00	\$0.00

61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL;	\$1,353.94	\$1,353.94	\$0.00	\$0.00
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL;	\$1,469.34	\$1,469.34	\$0.00	\$0.00
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL;	\$1,523.63	\$1,523.63	\$0.00	\$0.00
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARA	\$65.84	\$65.84	\$0.00	\$0.00
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENT	\$1,285.74	\$1,285.74	\$0.00	\$0.00
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENT	\$1,400.20	\$1,400.20	\$0.00	\$0.00
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSION, WITH OR WITHOUT DURAPLASTY,	\$1,335.49	\$1,335.49	\$0.00	\$0.00
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSION, WITH OR WITHOUT DURAPLASTY,	\$1,383.79	\$1,383.79	\$0.00	\$0.00
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	\$836.75	\$836.75	\$0.00	\$0.00
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	\$1,388.09	\$1,388.09	\$0.00	\$0.00
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	\$1,412.93	\$1,412.93	\$0.00	\$0.00
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN	\$938.06	\$938.06	\$0.00	\$0.00
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE	\$797.89	\$797.89	\$0.00	\$0.00
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION	\$1,752.10	\$1,752.10	\$0.00	\$0.00
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	\$1,342.43	\$1,342.43	\$0.00	\$0.00
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	\$1,356.88	\$1,356.88	\$0.00	\$0.00
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION O	\$1,344.07	\$1,344.07	\$0.00	\$0.00
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL	\$1,612.09	\$1,612.09	\$0.00	\$0.00
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	\$1,553.54	\$1,553.54	\$0.00	\$0.00
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	\$1,043.28	\$1,043.28	\$0.00	\$0.00

61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTO	\$939.55	\$939.55	\$0.00	\$0.00
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	\$825.48	\$825.48	\$0.00	\$0.00
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	\$1,122.09	\$1,122.09	\$0.00	\$0.00
61501	CRANIECTOMY; FOR OSTEOMYELITIS	\$946.40	\$946.40	\$0.00	\$0.00
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN	\$1,530.67	\$1,530.67	\$0.00	\$0.00
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF	\$1,618.54	\$1,618.54	\$0.00	\$0.00
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN	\$1,488.95	\$1,488.95	\$0.00	\$0.00
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST	\$1,491.50	\$1,491.50	\$0.00	\$0.00
61517	SEPARATEL	\$56.19	\$56.19	\$0.00	\$0.00
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F	\$1,884.78	\$1,884.78	\$0.00	\$0.00
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F	\$1,970.57	\$1,970.57	\$0.00	\$0.00
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F	\$2,176.37	\$2,176.37	\$0.00	\$0.00
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F	\$2,184.95	\$2,184.95	\$0.00	\$0.00
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN	\$1,435.87	\$1,435.87	\$0.00	\$0.00
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR	\$1,624.92	\$1,624.92	\$0.00	\$0.00
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISIO	\$1,900.40	\$1,900.40	\$0.00	\$0.00
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISIO	\$2,271.30	\$2,271.30	\$0.00	\$0.00
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR	\$1,045.86	\$1,045.86	\$0.00	\$0.00
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF A	\$1,224.36	\$1,224.36	\$0.00	\$0.00
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC	\$781.31	\$781.31	\$0.00	\$0.00
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUB	\$536.01	\$536.01	\$0.00	\$0.00

61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL	\$1,549.54	\$1,549.54	\$0.00	\$0.00
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE,	\$1,258.82	\$1,258.82	\$0.00	\$0.00
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE,	\$1,723.83	\$1,723.83	\$0.00	\$0.00
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMP	\$1,596.50	\$1,596.50	\$0.00	\$0.00
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMP	\$1,518.91	\$1,518.91	\$0.00	\$0.00
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALL	\$1,413.73	\$1,413.73	\$0.00	\$0.00
61542	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY	\$1,432.51	\$1,432.51	\$0.00	\$0.00
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL	\$1,127.98	\$1,127.98	\$0.00	\$0.00
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF	\$1,503.11	\$1,503.11	\$0.00	\$0.00
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGI	\$1,817.24	\$1,817.24	\$0.00	\$0.00
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRA	\$1,701.25	\$1,701.25	\$0.00	\$0.00
61548	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPT	\$1,353.84	\$1,353.84	\$0.00	\$0.00
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	\$761.59	\$761.59	\$0.00	\$0.00
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	\$994.67	\$994.67	\$0.00	\$0.00
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	\$1,116.90	\$1,116.90	\$0.00	\$0.00
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	\$1,123.08	\$1,123.08	\$0.00	\$0.00
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG	\$1,276.41	\$1,276.41	\$0.00	\$0.00
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG	\$1,655.24	\$1,655.24	\$0.00	\$0.00
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI	\$1,353.06	\$1,353.06	\$0.00	\$0.00
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI	\$1,707.01	\$1,707.01	\$0.00	\$0.00
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE	\$1,507.18	\$1,507.18	\$0.00	\$0.00
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTI	\$1,722.45	\$1,722.45	\$0.00	\$0.00

61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	\$1,188.32	\$1,188.32	\$0.00	\$0.00
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	\$1,289.76	\$1,289.76	\$0.00	\$0.00
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD	\$1,956.24	\$1,956.24	\$0.00	\$0.00
61576	FOR TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD	\$1,844.59	\$1,844.59	\$0.00	\$0.00
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING	\$1,511.18	\$1,511.18	\$0.00	\$0.00
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING	\$1,715.14	\$1,715.14	\$0.00	\$0.00
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING	\$1,556.79	\$1,556.79	\$0.00	\$0.00
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING	\$1,776.67	\$1,776.67	\$0.00	\$0.00
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING	\$1,720.14	\$1,720.14	\$0.00	\$0.00
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING	\$1,924.41	\$1,924.41	\$0.00	\$0.00
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR	\$1,287.53	\$1,287.53	\$0.00	\$0.00
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA	\$2,092.87	\$2,092.87	\$0.00	\$0.00
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL)	\$2,194.98	\$2,194.98	\$0.00	\$0.00
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS)	\$1,991.00	\$1,991.00	\$0.00	\$0.00
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR	\$1,470.58	\$1,470.58	\$0.00	\$0.00
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR	\$1,787.02	\$1,787.02	\$0.00	\$0.00
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	\$1,888.89	\$1,888.89	\$0.00	\$0.00
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN	\$1,664.23	\$1,664.23	\$0.00	\$0.00
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$1,276.17	\$1,276.17	\$0.00	\$0.00

61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$1,368.44	\$1,368.44	\$0.00	\$0.00
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$1,444.82	\$1,444.82	\$0.00	\$0.00
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$1,934.79	\$1,934.79	\$0.00	\$0.00
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$1,807.46	\$1,807.46	\$0.00	\$0.00
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$2,102.92	\$2,102.92	\$0.00	\$0.00
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT	\$517.08	\$517.08	\$0.00	\$0.00
61610	RE TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH	\$1,551.47	\$1,551.47	\$0.00	\$0.00
61611	REPAI TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT	\$388.06	\$388.06	\$0.00	\$0.00
61612	REPA TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR	\$1,458.00	\$1,458.00	\$0.00	\$0.00
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR	\$2,062.32	\$2,062.32	\$0.00	\$0.00
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$1,587.56	\$1,587.56	\$0.00	\$0.00
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$2,159.45	\$2,159.45	\$0.00	\$0.00
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR,	\$816.72	\$816.72	\$0.00	\$0.00
61619	MIDDL SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR,	\$1,020.70	\$1,020.70	\$0.00	\$0.00
61623	MIDDL ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK	\$408.34	\$408.34	\$0.00	\$0.00
61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR	\$1,044.61	\$1,044.61	\$0.00	\$0.00
61626	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR	\$861.36	\$861.36	\$0.00	\$0.00
61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG,	\$0.00	\$0.00	\$0.00	\$0.00

61640	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VE	\$0.00	\$0.00	\$0.00	\$0.00
61641	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDIT	\$0.00	\$0.00	\$0.00	\$0.00
61642	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDIT	\$0.00	\$0.00	\$0.00	\$0.00
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SI	\$2,043.35	\$2,043.35	\$0.00	\$0.00
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, CO	\$2,340.21	\$2,340.21	\$0.00	\$0.00
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SI	\$2,034.27	\$2,034.27	\$0.00	\$0.00
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, CO	\$2,459.46	\$2,459.46	\$0.00	\$0.00
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	\$1,828.31	\$1,828.31	\$0.00	\$0.00
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	\$1,967.73	\$1,967.73	\$0.00	\$0.00
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROT	\$2,409.61	\$2,409.61	\$0.00	\$0.00
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH;	\$2,318.66	\$2,318.66	\$0.00	\$0.00
61700	CAROTI	\$2,009.80	\$2,009.80	\$0.00	\$0.00
61702	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION	\$2,284.79	\$2,284.79	\$0.00	\$0.00
61703	OF	\$859.34	\$859.34	\$0.00	\$0.00
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL	\$1,955.28	\$1,955.28	\$0.00	\$0.00
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL	\$1,717.93	\$1,717.93	\$0.00	\$0.00
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL	\$1,314.30	\$1,314.30	\$0.00	\$0.00
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE	\$2,052.72	\$2,052.72	\$0.00	\$0.00
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND	\$1,107.72	\$1,107.72	\$0.00	\$0.00

61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND	\$885.49	\$885.49	\$0.00	\$0.00
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S),	\$762.21	\$762.21	\$0.00	\$0.00
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S),	\$1,074.47	\$1,074.47	\$0.00	\$0.00
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LO	\$1,172.92	\$1,172.92	\$0.00	\$0.00
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY	\$1,047.41	\$1,047.41	\$0.00	\$0.00
61790	NEUROLYTIC	\$729.94	\$729.94	\$0.00	\$0.00
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC	\$552.75	\$552.75	\$0.00	\$0.00
61793	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERA	\$1,110.31	\$1,110.31	\$0.00	\$0.00
61795	STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC (NAVIGATIONAL) PROCEDURE,	\$296.76	\$296.76	\$0.00	\$0.00
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTR	\$835.76	\$835.76	\$0.00	\$0.00
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTROD	\$585.61	\$585.61	\$0.00	\$0.00
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$761.87	\$761.87	\$0.00	\$0.00
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$217.34	\$217.34	\$0.00	\$0.00
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$1,139.83	\$1,139.83	\$0.00	\$0.00
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES,	\$362.23	\$362.23	\$0.00	\$0.00
61870	CEREBELLAR	\$301.62	\$301.62	\$0.00	\$0.00
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR	\$481.23	\$481.23	\$0.00	\$0.00
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE	\$312.36	\$312.36	\$0.00	\$0.00
61885	GENERATOR OR	\$128.57	\$128.57	\$0.00	\$0.00

61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$419.55	\$419.55	\$0.00	\$0.00
61888	RECE	\$162.01	\$162.01	\$0.00	\$0.00
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	\$507.18	\$507.18	\$0.00	\$0.00
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADU	\$780.51	\$780.51	\$0.00	\$0.00
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING	\$1,138.16	\$1,138.16	\$0.00	\$0.00
62100	SUR	\$1,280.04	\$1,280.04	\$0.00	\$0.00
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT	\$1,061.77	\$1,061.77	\$0.00	\$0.00
62116	REQU	\$1,162.55	\$1,162.55	\$0.00	\$0.00
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH	\$1,314.39	\$1,314.39	\$0.00	\$0.00
62120	SIM	\$1,156.94	\$1,156.94	\$0.00	\$0.00
62121	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS);	\$1,146.72	\$1,146.72	\$0.00	\$0.00
62140	REQUIRIN	\$788.90	\$788.90	\$0.00	\$0.00
62141	REPAIR OF ENCEPHALOCLE, SKULL VAULT, INCLUDING CRANIOPLASTY	\$963.13	\$963.13	\$0.00	\$0.00
62142	CRANIOTOMY FOR REPAIR OF ENCEPHALOCLE, SKULL BASE	\$695.31	\$695.31	\$0.00	\$0.00
62143	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	\$641.40	\$641.40	\$0.00	\$0.00
62145	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	\$927.42	\$927.42	\$0.00	\$0.00
62146	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$790.40	\$790.40	\$0.00	\$0.00
62147	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$947.99	\$947.99	\$0.00	\$0.00
62148	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	\$89.82	\$89.82	\$0.00	\$0.00
62160	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5	\$129.68	\$129.68	\$0.00	\$0.00
62161	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS);	\$921.37	\$921.37	\$0.00	\$0.00
62162	LARGER T	\$1,182.34	\$1,182.34	\$0.00	\$0.00
62163	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR	\$747.15	\$747.15	\$0.00	\$0.00
62164	CRANIOPL				
62165	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF				
62166	VENTRICU				
62167	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS,				
62168	FENESTRATI				
62169	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF				
62170	COLLOID				
62171	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY				

62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING	\$1,278.69	\$1,278.69	\$0.00	\$0.00
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSN	\$1,002.03	\$1,002.03	\$0.00	\$0.00
62180	VENTRICULOCISTERNOSTOMY (TORKILDSSEN TYPE OPERATION)	\$820.00	\$820.00	\$0.00	\$0.00
62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR	\$723.13	\$723.13	\$0.00	\$0.00
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER	\$786.84	\$786.84	\$0.00	\$0.00
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$139.93	\$139.93	\$0.00	\$0.00
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	\$918.22	\$918.22	\$0.00	\$0.00
62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUROENDOSCOPI	\$632.35	\$632.35	\$0.00	\$0.00
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	\$843.56	\$843.56	\$0.00	\$0.00
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	\$889.15	\$889.15	\$0.00	\$0.00
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$281.05	\$281.05	\$0.00	\$0.00
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE	\$592.81	\$592.81	\$0.00	\$0.00
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	\$58.43	\$58.43	\$28.89	\$29.54
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	\$372.68	\$372.68	\$0.00	\$0.00
62258	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITH REPLACEMENT	\$857.46	\$857.46	\$0.00	\$0.00
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,	\$313.87	\$313.87	\$0.00	\$0.00
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,	\$169.22	\$427.70	\$0.00	\$0.00
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	\$202.24	\$202.24	\$0.00	\$0.00
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	\$173.17	\$173.17	\$0.00	\$0.00
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$53.66	\$53.66	\$0.00	\$0.00
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY	\$69.62	\$69.62	\$0.00	\$0.00
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	\$99.45	\$99.45	\$0.00	\$0.00
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED	\$98.15	\$98.15	\$0.00	\$0.00

62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED	\$106.73	\$106.73	\$0.00	\$0.00
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED	\$122.22	\$122.22	\$0.00	\$0.00
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL	\$106.56	\$106.56	\$0.00	\$0.00
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOS	\$372.26	\$372.26	\$0.00	\$0.00
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	\$160.77	\$160.77	\$0.00	\$0.00
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	\$142.61	\$142.61	\$0.00	\$0.00
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS	\$793.50	\$793.50	\$0.00	\$0.00
62294	MALFORMA	\$409.38	\$409.38	\$0.00	\$0.00
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLY	\$145.21	\$145.21	\$0.00	\$0.00
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLY	\$145.22	\$145.22	\$0.00	\$0.00
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR	\$151.69	\$151.69	\$0.00	\$0.00
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR	\$147.39	\$147.39	\$0.00	\$0.00
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPI	\$301.79	\$301.79	\$0.00	\$0.00
62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPI	\$446.28	\$446.28	\$0.00	\$0.00
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	\$250.98	\$250.98	\$0.00	\$0.00
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$96.75	\$96.75	\$0.00	\$0.00
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$231.69	\$231.69	\$0.00	\$0.00
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$303.50	\$303.50	\$0.00	\$0.00
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR	\$249.56	\$249.56	\$0.00	\$0.00
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR	\$17.57	\$30.58	\$0.00	\$25.17

62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD	\$30.53	\$39.43	\$0.00	\$39.43
63001	AND/O LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD	\$1,006.13	\$1,006.13	\$0.00	\$0.00
63003	AND/O LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD	\$988.70	\$988.70	\$0.00	\$0.00
63005	AND/O LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD	\$936.90	\$936.90	\$0.00	\$0.00
63011	AND/O LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD	\$639.40	\$639.40	\$0.00	\$0.00
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULA	\$978.18	\$978.18	\$0.00	\$0.00
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD	\$1,157.81	\$1,157.81	\$0.00	\$0.00
63016	AND/O LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD	\$1,209.45	\$1,209.45	\$0.00	\$0.00
63017	AND/O LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD	\$1,106.51	\$1,106.51	\$0.00	\$0.00
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),	\$880.03	\$880.03	\$0.00	\$0.00
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),	\$839.37	\$839.37	\$0.00	\$0.00
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),	\$219.26	\$219.26	\$0.00	\$0.00
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),	\$1,222.71	\$1,222.71	\$0.00	\$0.00
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),	\$1,205.96	\$1,205.96	\$0.00	\$0.00
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),	\$283.74	\$283.74	\$0.00	\$0.00
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),	\$269.57	\$269.57	\$0.00	\$0.00
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT	\$1,081.12	\$1,081.12	\$0.00	\$0.00
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT	\$1,041.57	\$1,041.57	\$0.00	\$0.00

63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT	\$921.29	\$921.29	\$0.00	\$0.00
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT	\$232.54	\$232.54	\$0.00	\$0.00
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR	\$1,037.95	\$1,037.95	\$0.00	\$0.00
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR	\$1,183.39	\$1,183.39	\$0.00	\$0.00
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/	\$1,344.58	\$1,344.58	\$0.00	\$0.00
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/	\$1,237.91	\$1,237.91	\$0.00	\$0.00
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/	\$211.68	\$211.68	\$0.00	\$0.00
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROO	\$1,420.20	\$1,420.20	\$0.00	\$0.00
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROO	\$173.11	\$173.11	\$0.00	\$0.00
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE	\$1,129.38	\$1,129.38	\$0.00	\$0.00
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE	\$281.62	\$281.62	\$0.00	\$0.00
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE	\$1,165.29	\$1,165.29	\$0.00	\$0.00
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE	\$177.19	\$177.19	\$0.00	\$0.00
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,461.59	\$1,461.59	\$0.00	\$0.00
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$308.08	\$308.08	\$0.00	\$0.00
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,584.26	\$1,584.26	\$0.00	\$0.00
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$229.04	\$229.04	\$0.00	\$0.00
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,684.28	\$1,684.28	\$0.00	\$0.00

63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$304.59	\$304.59	\$0.00	\$0.00
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,672.09	\$1,672.09	\$0.00	\$0.00
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$173.31	\$173.31	\$0.00	\$0.00
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,565.55	\$1,565.55	\$0.00	\$0.00
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,565.55	\$1,565.55	\$0.00	\$0.00
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$183.56	\$183.56	\$0.00	\$0.00
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORA	\$1,119.56	\$1,119.56	\$0.00	\$0.00
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNO	\$1,134.34	\$1,134.34	\$0.00	\$0.00
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL	\$1,057.52	\$1,057.52	\$0.00	\$0.00
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GR	\$852.72	\$852.72	\$0.00	\$0.00
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GR	\$1,049.54	\$1,049.54	\$0.00	\$0.00
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	\$894.68	\$894.68	\$0.00	\$0.00
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	\$1,130.30	\$1,130.30	\$0.00	\$0.00
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	\$885.28	\$885.28	\$0.00	\$0.00
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, O	\$920.23	\$920.23	\$0.00	\$0.00
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, O	\$926.56	\$926.56	\$0.00	\$0.00
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,	\$1,066.22	\$1,066.22	\$0.00	\$0.00
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,	\$1,017.50	\$1,017.50	\$0.00	\$0.00
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,	\$1,174.01	\$1,174.01	\$0.00	\$0.00
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,	\$1,338.43	\$1,338.43	\$0.00	\$0.00

63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	\$897.68	\$897.68	\$0.00	\$0.00
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	\$2,012.30	\$2,012.30	\$0.00	\$0.00
63251	MALFORMATION OF LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	\$1,855.19	\$1,855.19	\$0.00	\$0.00
63252	MALFORMATION OF LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	\$2,031.85	\$2,031.85	\$0.00	\$0.00
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER	\$1,273.16	\$1,273.16	\$0.00	\$0.00
63266	THA LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER	\$1,377.70	\$1,377.70	\$0.00	\$0.00
63267	THA LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER	\$1,165.55	\$1,165.55	\$0.00	\$0.00
63268	THA LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER	\$903.42	\$903.42	\$0.00	\$0.00
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM,	\$1,298.55	\$1,298.55	\$0.00	\$0.00
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM,	\$1,562.27	\$1,562.27	\$0.00	\$0.00
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM,	\$1,419.59	\$1,419.59	\$0.00	\$0.00
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM,	\$1,211.73	\$1,211.73	\$0.00	\$0.00
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL,	\$1,516.89	\$1,516.89	\$0.00	\$0.00
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL,	\$1,429.64	\$1,429.64	\$0.00	\$0.00
63277	L LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL,	\$1,312.78	\$1,312.78	\$0.00	\$0.00
63278	S LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL,	\$1,295.56	\$1,295.56	\$0.00	\$0.00
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,658.47	\$1,658.47	\$0.00	\$0.00
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,637.94	\$1,637.94	\$0.00	\$0.00
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,486.98	\$1,486.98	\$0.00	\$0.00

63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, S	\$1,278.66	\$1,278.66	\$0.00	\$0.00
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,770.69	\$1,770.69	\$0.00	\$0.00
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,886.87	\$1,886.87	\$0.00	\$0.00
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,810.23	\$1,810.23	\$0.00	\$0.00
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING	\$1,869.67	\$1,869.67	\$0.00	\$0.00
63295	PRIMA	\$237.05	\$237.05	\$0.00	\$0.00
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,180.74	\$1,180.74	\$0.00	\$0.00
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,317.79	\$1,317.79	\$0.00	\$0.00
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,397.49	\$1,397.49	\$0.00	\$0.00
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,413.99	\$1,413.99	\$0.00	\$0.00
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,456.63	\$1,456.63	\$0.00	\$0.00
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,557.63	\$1,557.63	\$0.00	\$0.00
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,555.46	\$1,555.46	\$0.00	\$0.00
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,590.69	\$1,590.69	\$0.00	\$0.00
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$280.42	\$280.42	\$0.00	\$0.00
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS	\$734.71	\$734.71	\$0.00	\$0.00
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCED	\$486.74	\$486.74	\$0.00	\$0.00
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	\$811.01	\$811.01	\$0.00	\$0.00
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	\$433.25	\$433.25	\$0.00	\$0.00

63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADD	\$671.06	\$671.06	\$0.00	\$0.00
63660	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS	\$390.64	\$390.64	\$0.00	\$0.00
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	\$418.53	\$418.53	\$0.00	\$0.00
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR	\$334.20	\$334.20	\$0.00	\$0.00
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	\$816.72	\$816.72	\$0.00	\$0.00
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	\$918.85	\$918.85	\$0.00	\$0.00
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	\$1,020.70	\$1,020.70	\$0.00	\$0.00
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	\$1,174.04	\$1,174.04	\$0.00	\$0.00
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	\$707.90	\$707.90	\$0.00	\$0.00
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH	\$924.45	\$924.45	\$0.00	\$0.00
63710	DURAL GRAFT, SPINAL	\$681.67	\$681.67	\$0.00	\$0.00
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER	\$736.78	\$736.78	\$0.00	\$0.00
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER	\$512.18	\$512.18	\$0.00	\$0.00
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	\$459.84	\$459.84	\$0.00	\$0.00
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$338.62	\$338.62	\$0.00	\$0.00
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	\$40.22	\$46.66	\$0.00	\$0.00
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$55.50	\$55.50	\$0.00	\$0.00
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	\$49.02	\$57.60	\$0.00	\$0.00
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	\$57.99	\$71.94	\$0.00	\$0.00
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	\$64.65	\$64.65	\$0.00	\$0.00
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	\$44.88	\$53.20	\$0.00	\$0.00
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	\$52.95	\$62.87	\$0.00	\$0.00
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	\$52.10	\$52.10	\$0.00	\$0.00
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY	\$122.08	\$122.08	\$0.00	\$0.00
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	\$62.80	\$62.80	\$0.00	\$0.00
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	\$52.56	\$63.96	\$0.00	\$0.00

64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	\$53.49	\$53.49	\$0.00	\$0.00
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BL	\$75.69	\$75.69	\$0.00	\$0.00
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	\$69.07	\$69.07	\$0.00	\$0.00
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	\$64.53	\$64.53	\$0.00	\$0.00
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	\$51.04	\$57.34	\$0.00	\$0.00
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	\$51.46	\$58.03	\$0.00	\$0.00
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY	\$125.16	\$125.16	\$0.00	\$0.00
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	\$58.61	\$58.61	\$0.00	\$0.00
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CAT	\$115.14	\$115.14	\$0.00	\$0.00
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTIN	\$113.54	\$113.54	\$0.00	\$0.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$45.59	\$52.70	\$0.00	\$0.00
64470	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT	\$149.47	\$149.47	\$0.00	\$0.00
64472	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT	\$124.60	\$124.60	\$0.00	\$0.00
64475	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT	\$132.18	\$132.18	\$0.00	\$0.00
64476	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT	\$124.01	\$124.01	\$0.00	\$0.00
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL;	\$162.85	\$162.85	\$0.00	\$0.00
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL;	\$145.49	\$145.49	\$0.00	\$0.00
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; L	\$149.91	\$149.91	\$0.00	\$0.00
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; L	\$137.14	\$137.14	\$0.00	\$0.00
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	\$49.68	\$57.99	\$0.00	\$0.00
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	\$48.76	\$62.70	\$0.00	\$0.00
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	\$59.22	\$59.22	\$0.00	\$0.00
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	\$89.27	\$137.32	\$0.00	\$0.00
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATH	\$63.06	\$63.06	\$0.00	\$0.00

64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC	\$84.55	\$84.55	\$0.00	\$0.00
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	\$12.15	\$18.06	\$0.00	\$0.00
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	\$82.43	\$96.10	\$0.00	\$0.00
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	\$73.21	\$78.84	\$0.00	\$0.00
64560	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE	\$93.06	\$112.51	\$0.00	\$0.00
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	\$295.59	\$591.15	\$0.00	\$0.00
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	\$62.31	\$72.51	\$0.00	\$0.00
64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	\$227.22	\$227.22	\$0.00	\$0.00
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	\$217.36	\$217.36	\$0.00	\$0.00
64577	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE	\$218.18	\$218.18	\$0.00	\$0.00
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	\$201.46	\$201.46	\$0.00	\$0.00
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	\$571.23	\$571.23	\$0.00	\$0.00
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	\$87.18	\$87.18	\$0.00	\$0.00
64590	INSERTION OR REPLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR	\$126.81	\$126.81	\$0.00	\$0.00
64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR	\$84.44	\$84.44	\$0.00	\$0.00
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, NERVE	\$149.23	\$149.23	\$0.00	\$0.00
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$213.01	\$213.01	\$0.00	\$0.00
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$436.16	\$436.16	\$0.00	\$0.00
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (EYE)	\$79.62	\$99.07	\$0.00	\$0.00
64613	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) (EG, FOR SPASMODIC TORTICOLLIS)	\$79.62	\$99.07	\$0.00	\$0.00

64614	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG	\$88.22	\$154.30	\$0.00	\$0.00
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	\$113.31	\$113.31	\$0.00	\$0.00
64622	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMB	\$143.88	\$143.88	\$0.00	\$0.00
64623	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMB	\$55.98	\$55.98	\$0.00	\$0.00
64626	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERV	\$192.76	\$192.76	\$0.00	\$0.00
64627	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERV	\$112.84	\$112.84	\$0.00	\$0.00
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	\$142.47	\$142.47	\$0.00	\$0.00
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$99.93	\$99.93	\$0.00	\$0.00
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$29.98	\$44.52	\$0.00	\$0.00
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NE	\$37.88	\$51.66	\$0.00	\$0.00
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING	\$126.95	\$126.95	\$0.00	\$0.00
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING	\$160.99	\$332.63	\$0.00	\$0.00
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	\$248.16	\$248.16	\$0.00	\$0.00
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	\$292.57	\$292.57	\$0.00	\$0.00
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	\$394.24	\$394.24	\$0.00	\$0.00
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	\$498.00	\$498.00	\$0.00	\$0.00
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	\$597.33	\$597.33	\$0.00	\$0.00
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	\$488.30	\$488.30	\$0.00	\$0.00
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	\$316.02	\$316.02	\$0.00	\$0.00
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	\$368.50	\$368.50	\$0.00	\$0.00
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	\$291.92	\$291.92	\$0.00	\$0.00
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	\$268.68	\$268.68	\$0.00	\$0.00
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	\$311.00	\$311.00	\$0.00	\$0.00
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	\$137.51	\$137.51	\$0.00	\$0.00
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPAR	\$191.23	\$191.23	\$0.00	\$0.00

64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	\$254.87	\$254.87	\$0.00	\$0.00
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	\$275.50	\$275.50	\$0.00	\$0.00
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	\$258.94	\$258.94	\$0.00	\$0.00
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	\$309.85	\$309.85	\$0.00	\$0.00
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	\$308.94	\$308.94	\$0.00	\$0.00
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	\$318.22	\$318.22	\$0.00	\$0.00
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	\$333.25	\$333.25	\$0.00	\$0.00
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	\$284.74	\$284.74	\$0.00	\$0.00
64752	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	\$320.91	\$320.91	\$0.00	\$0.00
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH	\$720.38	\$720.38	\$0.00	\$0.00
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	\$406.72	\$406.72	\$0.00	\$0.00
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	\$316.14	\$316.14	\$0.00	\$0.00
64763	TRANSECTION OR AVULSION OF; OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT	\$348.29	\$348.29	\$0.00	\$0.00
64766	TRANSECTION OR AVULSION OF; OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT	\$451.91	\$451.91	\$0.00	\$0.00
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	\$395.05	\$395.05	\$0.00	\$0.00
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	\$412.42	\$412.42	\$0.00	\$0.00
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	\$227.04	\$227.04	\$0.00	\$0.00
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	\$227.14	\$227.14	\$0.00	\$0.00
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY)	\$174.93	\$174.93	\$0.00	\$0.00
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	\$307.73	\$307.73	\$0.00	\$0.00
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME	\$208.02	\$208.02	\$0.00	\$0.00
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	\$452.19	\$452.19	\$0.00	\$0.00
64786	EXCISION OF NEUROMA; SCIATIC NERVE	\$834.65	\$834.65	\$0.00	\$0.00
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION)	\$233.83	\$233.83	\$0.00	\$0.00
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	\$235.69	\$235.69	\$0.00	\$0.00
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	\$541.66	\$541.66	\$0.00	\$0.00
64792	MALIGNANT	\$704.01	\$704.01	\$0.00	\$0.00

64795	BIOPSY OF NERVE	\$161.64	\$161.64	\$0.00	\$0.00
64802	SYMPATHECTOMY, CERVICAL	\$412.77	\$412.77	\$0.00	\$0.00
64804	SYMPATHECTOMY, CERVICOTHORACIC	\$802.34	\$802.34	\$0.00	\$0.00
64809	SYMPATHECTOMY, THORACOLUMBAR	\$707.85	\$707.85	\$0.00	\$0.00
64818	SYMPATHECTOMY, LUMBAR	\$548.07	\$548.07	\$0.00	\$0.00
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	\$522.94	\$522.94	\$0.00	\$0.00
64821	SYMPATHECTOMY; RADIAL ARTERY	\$459.57	\$459.57	\$0.00	\$0.00
64822	SYMPATHECTOMY; ULNAR ARTERY	\$459.57	\$459.57	\$0.00	\$0.00
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$531.34	\$531.34	\$0.00	\$0.00
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	\$363.66	\$363.66	\$0.00	\$0.00
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (	\$209.47	\$209.47	\$0.00	\$0.00
64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	\$394.17	\$394.17	\$0.00	\$0.00
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	\$492.11	\$492.11	\$0.00	\$0.00
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	\$516.58	\$516.58	\$0.00	\$0.00
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDI	\$323.70	\$323.70	\$0.00	\$0.00
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$655.22	\$655.22	\$0.00	\$0.00
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDIN	\$631.58	\$631.58	\$0.00	\$0.00
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT	\$687.12	\$687.12	\$0.00	\$0.00
64858	SUTURE OF SCIATIC NERVE	\$798.55	\$798.55	\$0.00	\$0.00
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN	\$232.97	\$232.97	\$0.00	\$0.00
64861	SUTURE OF; BRACHIAL PLEXUS	\$919.91	\$919.91	\$0.00	\$0.00
64862	SUTURE OF; LUMBAR PLEXUS	\$1,149.69	\$1,149.69	\$0.00	\$0.00
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	\$587.31	\$587.31	\$0.00	\$0.00
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	\$798.78	\$798.78	\$0.00	\$0.00
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	\$783.24	\$783.24	\$0.00	\$0.00
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	\$727.89	\$727.89	\$0.00	\$0.00
64870	ANASTOMOSIS; FACIAL-PHRENIC	\$860.13	\$860.13	\$0.00	\$0.00
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATEL	\$104.06	\$104.06	\$0.00	\$0.00
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION	\$156.10	\$156.10	\$0.00	\$0.00
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPAR	\$176.83	\$176.83	\$0.00	\$0.00

64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LE	\$867.25	\$867.25	\$0.00	\$0.00
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM L	\$1,034.23	\$1,034.23	\$0.00	\$0.00
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; U	\$801.43	\$801.43	\$0.00	\$0.00
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; M	\$767.84	\$767.84	\$0.00	\$0.00
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP	\$743.59	\$743.59	\$0.00	\$0.00
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MOR	\$857.50	\$857.50	\$0.00	\$0.00
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND	\$954.57	\$954.57	\$0.00	\$0.00
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND	\$1,085.03	\$1,085.03	\$0.00	\$0.00
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM	\$908.77	\$908.77	\$0.00	\$0.00
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM	\$982.97	\$982.97	\$0.00	\$0.00
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN	\$593.54	\$593.54	\$0.00	\$0.00
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST	\$690.91	\$690.91	\$0.00	\$0.00
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	\$657.06	\$657.06	\$0.00	\$0.00
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	\$936.43	\$936.43	\$0.00	\$0.00
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	\$0.00	\$0.00	\$0.00	\$0.00
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	\$399.41	\$399.41	\$0.00	\$0.00
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	\$424.57	\$424.57	\$0.00	\$0.00
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	\$426.70	\$426.70	\$0.00	\$0.00
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	\$461.78	\$461.78	\$0.00	\$0.00
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	\$511.32	\$511.32	\$0.00	\$0.00
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA	\$843.33	\$843.33	\$0.00	\$0.00
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA	\$805.70	\$805.70	\$0.00	\$0.00

65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA	\$877.46	\$877.46	\$0.00	\$0.00
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (	\$156.56	\$156.56	\$0.00	\$0.00
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL	\$441.96	\$441.96	\$0.00	\$0.00
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT	\$357.23	\$357.23	\$0.00	\$0.00
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTA	\$393.75	\$393.75	\$0.00	\$0.00
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	\$393.71	\$393.71	\$0.00	\$0.00
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR	\$544.41	\$544.41	\$0.00	\$0.00
65175	REMOVAL OF OCULAR IMPLANT	\$384.62	\$384.62	\$0.00	\$0.00
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	\$28.34	\$33.30	\$0.00	\$0.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES	\$31.55	\$37.72	\$0.00	\$0.00
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	\$28.78	\$35.75	\$0.00	\$0.00
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	\$35.66	\$43.31	\$0.00	\$0.00
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR	\$366.69	\$366.69	\$0.00	\$0.00
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC	\$546.11	\$546.11	\$0.00	\$0.00
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNE	\$634.98	\$634.98	\$0.00	\$0.00
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING	\$87.37	\$87.37	\$0.00	\$0.00
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT,	\$151.17	\$151.17	\$0.00	\$0.00
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT,	\$205.62	\$205.62	\$0.00	\$0.00
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL	\$166.57	\$166.57	\$0.00	\$0.00
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING	\$464.06	\$464.06	\$0.00	\$0.00

65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITI		\$698.27	\$698.27	\$0.00	\$0.00
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND		\$221.73	\$285.96	\$0.00	\$0.00
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE		\$323.76	\$323.76	\$0.00	\$0.00
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT		\$346.39	\$346.39	\$0.00	\$0.00
65410	BIOPSY OF CORNEA		\$88.45	\$88.45	\$0.00	\$0.00
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT		\$236.88	\$236.88	\$0.00	\$0.00
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT		\$330.96	\$330.96	\$0.00	\$0.00
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE		\$33.50	\$40.74	\$0.00	\$0.00
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION		\$38.29	\$48.62	\$0.00	\$0.00
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG		\$139.54	\$160.06	\$0.00	\$0.00
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR		\$182.19	\$182.19	\$0.00	\$0.00
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO		\$130.97	\$166.11	\$0.00	\$0.00
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR		\$640.47	\$640.47	\$0.00	\$0.00
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)		\$784.56	\$784.56	\$0.00	\$0.00
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)		\$833.29	\$833.29	\$0.00	\$0.00
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)		\$834.75	\$834.75	\$0.00	\$0.00
65760	KERATOMILEUSIS	R	\$964.08	\$964.08	\$0.00	\$0.00
65765	KERATOPHAKIA	R	\$992.66	\$992.66	\$0.00	\$0.00
65767	EPIKERATOPLASTY		\$646.76	\$646.76	\$0.00	\$0.00
65770	KERATOPROSTHESIS		\$873.59	\$873.59	\$0.00	\$0.00
65771	RADIAL KERATOTOMY		\$367.58	\$367.58	\$0.00	\$0.00
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMA		\$195.28	\$264.48	\$0.00	\$0.00
65775	CORNEAL RELAXING INCISION FOR CORRECTION OF CORNEALLY INDUCED ASTIGMATI		\$358.46	\$358.46	\$0.00	\$0.00
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION		\$560.32	\$560.32	\$0.00	\$0.00
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVER		\$860.34	\$860.34	\$0.00	\$0.00

65782	OCULAR SURFACE RECONSTRUCTION, LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES	\$741.13	\$741.13	\$0.00	\$0.00
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH	\$104.61	\$104.61	\$0.00	\$0.00
65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH	\$82.75	\$107.02	\$0.00	\$0.00
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH	\$287.57	\$287.57	\$0.00	\$0.00
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH	\$265.64	\$265.64	\$0.00	\$0.00
65820	REM	\$491.28	\$491.28	\$0.00	\$0.00
65850	GONIOTOMY	\$664.97	\$664.97	\$0.00	\$0.00
65855	TRABECULOTOMY AB EXTERNO	\$229.68	\$310.28	\$0.00	\$0.00
	TRABECULOPLASMY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED				
	TREATM				
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE	\$165.68	\$223.48	\$0.00	\$0.00
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE	\$354.88	\$354.88	\$0.00	\$0.00
65870	(W	\$338.42	\$338.42	\$0.00	\$0.00
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE	\$356.87	\$356.87	\$0.00	\$0.00
	(W				
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE	\$389.03	\$389.03	\$0.00	\$0.00
65900	(W	\$540.57	\$540.57	\$0.00	\$0.00
65920	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	\$466.74	\$466.74	\$0.00	\$0.00
65930	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	\$422.24	\$422.24	\$0.00	\$0.00
66020	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE				
66130	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	\$101.70	\$101.70	\$0.00	\$0.00
66150	EXCISION OF LESION, SCLERA	\$369.67	\$369.67	\$0.00	\$0.00
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	\$498.06	\$498.06	\$0.00	\$0.00
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH	\$488.32	\$488.32	\$0.00	\$0.00
66165	IRIDECT	\$580.12	\$580.12	\$0.00	\$0.00
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR	\$479.40	\$479.40	\$0.00	\$0.00
	SCISSO				
	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS	\$673.07	\$673.07	\$0.00	\$0.00
	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN				
	ABS				

66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH	\$742.32	\$742.32	\$0.00	\$0.00
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET,	\$829.35	\$829.35	\$0.00	\$0.00
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	\$503.94	\$503.94	\$0.00	\$0.00
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	\$382.65	\$382.65	\$0.00	\$0.00
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	\$692.83	\$692.83	\$0.00	\$0.00
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, E	\$367.55	\$367.55	\$0.00	\$0.00
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	\$234.45	\$234.45	\$0.00	\$0.00
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS F	\$207.16	\$207.16	\$0.00	\$0.00
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESI	\$504.94	\$504.94	\$0.00	\$0.00
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	\$696.75	\$696.75	\$0.00	\$0.00
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAU	\$326.70	\$326.70	\$0.00	\$0.00
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	\$380.71	\$380.71	\$0.00	\$0.00
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE	\$387.81	\$387.81	\$0.00	\$0.00
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$331.53	\$331.53	\$0.00	\$0.00
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SU	\$377.79	\$377.79	\$0.00	\$0.00
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSCLERAL	\$299.85	\$299.85	\$0.00	\$0.00
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	\$368.68	\$368.68	\$0.00	\$0.00
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	\$299.12	\$299.12	\$0.00	\$0.00
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	\$299.36	\$299.36	\$0.00	\$0.00
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE	\$190.44	\$258.84	\$0.00	\$0.00
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROV	\$219.81	\$299.21	\$0.00	\$0.00
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL	\$237.82	\$321.50	\$0.00	\$0.00
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS	\$246.39	\$246.39	\$0.00	\$0.00

66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS	\$192.76	\$192.76	\$0.00	\$0.00
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION	\$432.66	\$432.66	\$0.00	\$0.00
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAP	\$444.32	\$444.32	\$0.00	\$0.00
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	\$491.25	\$491.25	\$0.00	\$0.00
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR	\$568.58	\$568.58	\$0.00	\$0.00
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECT	\$628.18	\$628.18	\$0.00	\$0.00
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	\$553.04	\$553.04	\$0.00	\$0.00
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	\$580.72	\$580.72	\$0.00	\$0.00
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 6685	\$554.92	\$554.92	\$0.00	\$0.00
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS	\$636.91	\$636.91	\$0.00	\$0.00
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS	\$567.11	\$567.11	\$0.00	\$0.00
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS	\$652.61	\$652.61	\$0.00	\$0.00
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT	\$517.73	\$517.73	\$0.00	\$0.00
66986	EXCHANGE OF INTRAOCULAR LENS	\$688.20	\$688.20	\$0.00	\$0.00
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR	\$63.00	\$63.00	\$0.00	\$0.00
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE R	\$0.00	\$0.00	\$0.00	\$0.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL	\$497.73	\$497.73	\$0.00	\$0.00
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL	\$488.67	\$488.67	\$0.00	\$0.00
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS	\$377.81	\$377.81	\$0.00	\$0.00
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUI	\$378.77	\$378.77	\$0.00	\$0.00

67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE	\$557.54	\$557.54	\$0.00	\$0.00
67028	PROCEDURE)	\$164.69	\$164.69	\$0.00	\$0.00
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	\$296.66	\$296.66	\$0.00	\$0.00
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRAN	\$201.06	\$283.53	\$0.00	\$0.00
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	\$788.97	\$788.97	\$0.00	\$0.00
67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE	\$1,329.82	\$1,329.82	\$0.00	\$0.00
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER	\$928.59	\$928.59	\$0.00	\$0.00
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL	\$1,077.81	\$1,077.81	\$0.00	\$0.00
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS;	\$342.59	\$463.16	\$0.00	\$0.00
67105	PHOTOCOAGULATION,	\$349.18	\$471.76	\$0.00	\$0.00
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLER	\$917.62	\$917.62	\$0.00	\$0.00
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WIT	\$1,309.85	\$1,309.85	\$0.00	\$0.00
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON	\$546.74	\$546.74	\$0.00	\$0.00
67112	PA	\$937.62	\$937.62	\$0.00	\$0.00
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$305.90	\$305.90	\$0.00	\$0.00
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	\$366.21	\$366.21	\$0.00	\$0.00
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	\$562.99	\$562.99	\$0.00	\$0.00
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERA	\$239.53	\$323.62	\$0.00	\$0.00
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERA	\$247.85	\$335.02	\$0.00	\$0.00
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS),	\$310.27	\$420.10	\$0.00	\$0.00

67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS),		\$410.56	\$531.53	\$0.00	\$0.00
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS),		\$747.55	\$747.55	\$0.00	\$0.00
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL		\$556.33	\$558.15	\$0.00	\$0.00
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL		\$179.52	\$179.52	\$0.00	\$0.00
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL		\$30.92	\$32.21	\$0.00	\$0.00
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC		\$412.32	\$412.32	\$0.00	\$0.00
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC		\$501.16	\$627.09	\$0.00	\$0.00
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT		\$442.52	\$442.52	\$0.00	\$0.00
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT		\$555.13	\$555.13	\$0.00	\$0.00
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	R	\$0.00	\$0.00	\$0.00	\$0.00
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL M		\$412.47	\$412.47	\$0.00	\$0.00
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL		\$493.52	\$493.52	\$0.00	\$0.00
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUS		\$467.63	\$467.63	\$0.00	\$0.00
67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERT		\$527.08	\$527.08	\$0.00	\$0.00
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE		\$393.19	\$393.19	\$0.00	\$0.00
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY		\$542.65	\$542.65	\$0.00	\$0.00
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT		\$504.92	\$504.92	\$0.00	\$0.00
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG		\$561.19	\$561.19	\$0.00	\$0.00
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WIT		\$398.83	\$398.83	\$0.00	\$0.00
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING		\$187.85	\$187.85	\$0.00	\$0.00
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED		\$498.62	\$498.62	\$0.00	\$0.00
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE		\$369.31	\$369.31	\$0.00	\$0.00

67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE		\$121.48	\$151.25	\$0.00	\$0.00
67350	BIOPSY OF EXTRAOCULAR MUSCLE		\$151.48	\$151.48	\$0.00	\$0.00
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	R	\$0.00	\$0.00	\$0.00	\$0.00
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		\$577.65	\$577.65	\$0.00	\$0.00
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		\$488.55	\$488.55	\$0.00	\$0.00
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		\$598.30	\$598.30	\$0.00	\$0.00
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		\$516.94	\$516.94	\$0.00	\$0.00
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		\$531.22	\$531.22	\$0.00	\$0.00
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS		\$108.74	\$108.74	\$0.00	\$0.00
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		\$869.07	\$869.07	\$0.00	\$0.00
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		\$674.08	\$674.08	\$0.00	\$0.00
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		\$815.04	\$815.04	\$0.00	\$0.00
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		\$704.41	\$704.41	\$0.00	\$0.00
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		\$806.84	\$806.84	\$0.00	\$0.00
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUD		\$44.22	\$44.22	\$0.00	\$0.00
67505	RETROBULBAR INJECTION; ALCOHOL		\$39.47	\$53.41	\$0.00	\$0.00
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE		\$26.14	\$33.65	\$0.00	\$0.00
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION		\$559.37	\$559.37	\$0.00	\$0.00
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION		\$530.65	\$530.65	\$0.00	\$0.00
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE		\$579.63	\$579.63	\$0.00	\$0.00
67599	UNLISTED PROCEDURE, ORBIT	R	\$0.00	\$0.00	\$0.00	\$0.00
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID		\$45.45	\$52.02	\$0.00	\$0.00
67710	SEVERING OF TARSORRHAPHY		\$43.47	\$57.01	\$0.00	\$0.00
67715	CANTHOTOMY (SEPARATE PROCEDURE)		\$76.48	\$76.48	\$0.00	\$0.00

67800	EXCISION OF CHALAZION; SINGLE		\$53.44	\$66.04	\$0.00	\$0.00
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID		\$74.87	\$93.51	\$0.00	\$0.00
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS		\$84.13	\$102.63	\$0.00	\$0.00
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING		\$164.46	\$164.46	\$0.00	\$0.00
67810	BIOPSY OF EYELID		\$55.51	\$66.37	\$0.00	\$0.00
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY		\$31.70	\$36.79	\$0.00	\$0.00
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY		\$52.31	\$64.38	\$0.00	\$0.00
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN		\$109.41	\$109.41	\$0.00	\$0.00
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEM		\$355.29	\$355.29	\$0.00	\$0.00
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WIT		\$76.46	\$92.82	\$0.00	\$0.00
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)		\$60.34	\$71.33	\$0.00	\$0.00
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)		\$88.91	\$88.91	\$0.00	\$0.00
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR		\$215.44	\$215.44	\$0.00	\$0.00
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR		\$312.57	\$312.57	\$0.00	\$0.00
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL	R	\$239.47	\$239.47	\$0.00	\$0.00
67901	APPROACH) REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR	R	\$449.83	\$449.83	\$0.00	\$0.00
67902	OT REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH	R	\$455.68	\$455.68	\$0.00	\$0.00
67903	AUTOLOGOUS REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT,	R	\$413.76	\$413.76	\$0.00	\$0.00
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT,	R	\$397.06	\$397.06	\$0.00	\$0.00
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL	R	\$350.04	\$350.04	\$0.00	\$0.00
67908	SLING REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-	R	\$328.42	\$328.42	\$0.00	\$0.00
67909	LEVATOR REDUCTION OF OVERCORRECTION OF PTOSIS		\$344.27	\$344.27	\$0.00	\$0.00
67911	CORRECTION OF LID RETRACTION CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID	R	\$345.04	\$345.04	\$0.00	\$0.00
67912	LOA		\$306.83	\$698.92	\$0.00	\$0.00
67914	REPAIR OF ECTROPION; SUTURE		\$238.76	\$238.76	\$0.00	\$0.00

67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION		\$109.43	\$126.19	\$0.00	\$0.00
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE		\$334.11	\$334.11	\$0.00	\$0.00
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)		\$383.41	\$383.41	\$0.00	\$0.00
67921	REPAIR OF ENTROPION; SUTURE		\$204.74	\$204.74	\$0.00	\$0.00
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION		\$105.10	\$121.06	\$0.00	\$0.00
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE		\$361.03	\$361.03	\$0.00	\$0.00
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL F		\$369.60	\$369.60	\$0.00	\$0.00
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR		\$123.44	\$140.47	\$0.00	\$0.00
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR		\$285.60	\$285.60	\$0.00	\$0.00
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID		\$45.26	\$52.24	\$0.00	\$0.00
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)		\$370.09	\$370.09	\$0.00	\$0.00
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTI		\$362.93	\$362.93	\$0.00	\$0.00
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTI		\$422.94	\$422.94	\$0.00	\$0.00
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI		\$582.53	\$582.53	\$0.00	\$0.00
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI		\$754.71	\$754.71	\$0.00	\$0.00
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI		\$767.08	\$767.08	\$0.00	\$0.00
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI		\$378.30	\$378.30	\$0.00	\$0.00
67999	UNLISTED PROCEDURE, EYELIDS	R	\$0.00	\$0.00	\$0.00	\$0.00
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST		\$46.30	\$53.14	\$0.00	\$0.00
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)		\$31.46	\$37.50	\$0.00	\$0.00
68100	BIOPSY OF CONJUNCTIVA		\$54.35	\$67.63	\$0.00	\$0.00
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM		\$68.80	\$85.43	\$0.00	\$0.00
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM		\$122.22	\$122.22	\$0.00	\$0.00
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA		\$254.43	\$254.43	\$0.00	\$0.00
68135	DESTRUCTION OF LESION, CONJUNCTIVA		\$63.42	\$73.35	\$0.00	\$0.00
68200	SUBCONJUNCTIVAL INJECTION		\$22.08	\$29.05	\$0.00	\$0.00
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT		\$326.90	\$326.90	\$0.00	\$0.00

68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINI	\$458.28	\$458.28	\$0.00	\$0.00
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT	\$441.18	\$441.18	\$0.00	\$0.00
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBR	\$515.36	\$515.36	\$0.00	\$0.00
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	\$297.00	\$297.00	\$0.00	\$0.00
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS	\$448.85	\$448.85	\$0.00	\$0.00
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSE	\$203.38	\$203.38	\$0.00	\$0.00
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	\$270.53	\$270.53	\$0.00	\$0.00
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING	\$428.69	\$428.69	\$0.00	\$0.00
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$265.09	\$265.09	\$0.00	\$0.00
68399	UNLISTED PROCEDURE, CONJUNCTIVA	\$0.00	\$0.00	\$0.00	\$0.00
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	\$62.99	\$76.40	\$0.00	\$0.00
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOM	\$81.16	\$94.84	\$0.00	\$0.00
68440	SNIP INCISION OF LACRIMAL PUNCTUM	\$37.28	\$47.47	\$0.00	\$0.00
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	\$529.57	\$529.57	\$0.00	\$0.00
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTI	\$549.87	\$549.87	\$0.00	\$0.00
68510	BIOPSY OF LACRIMAL GLAND	\$241.05	\$241.05	\$0.00	\$0.00
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	\$465.10	\$465.10	\$0.00	\$0.00
68525	BIOPSY OF LACRIMAL SAC	\$234.29	\$234.29	\$0.00	\$0.00
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$148.28	\$186.50	\$0.00	\$0.00
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	\$531.41	\$531.41	\$0.00	\$0.00
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	\$693.63	\$693.63	\$0.00	\$0.00
68700	PLASTIC REPAIR OF CANALICULI	\$257.73	\$257.73	\$0.00	\$0.00
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$73.87	\$87.55	\$0.00	\$0.00
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	\$507.27	\$507.27	\$0.00	\$0.00
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY);	\$428.38	\$428.38	\$0.00	\$0.00

68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR	\$542.71	\$542.71	\$0.00	\$0.00
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$62.61	\$74.95	\$0.00	\$0.00
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$51.75	\$64.09	\$0.00	\$0.00
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$256.71	\$313.57	\$0.00	\$0.00
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$36.96	\$36.96	\$0.00	\$0.00
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GE	\$51.50	\$51.50	\$0.00	\$0.00
68811		\$105.43	\$105.43	\$0.00	\$0.00
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTI	\$138.62	\$138.62	\$0.00	\$0.00
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$43.10	\$49.67	\$0.00	\$0.00
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$38.13	\$38.13	\$0.00	\$0.00
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	\$0.00	\$0.00	\$0.00	\$0.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	\$46.50	\$51.20	\$0.00	\$0.00
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	\$79.16	\$94.72	\$0.00	\$0.00
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$48.97	\$55.00	\$0.00	\$0.00
69100	BIOPSY EXTERNAL EAR	\$32.85	\$41.70	\$0.00	\$0.00
69105	BIOPSY EXTERNAL AUDITORY CANAL	\$37.86	\$48.59	\$0.00	\$0.00
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	\$177.54	\$177.54	\$0.00	\$0.00
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	\$138.53	\$138.53	\$0.00	\$0.00
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$461.32	\$461.32	\$0.00	\$0.00
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTI	\$148.66	\$148.66	\$0.00	\$0.00
69150		\$692.69	\$692.69	\$0.00	\$0.00
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTH	\$965.85	\$965.85	\$0.00	\$0.00
69200		\$29.20	\$34.83	\$0.00	\$0.00
69205		\$65.12	\$65.12	\$0.00	\$0.00
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	\$21.47	\$24.55	\$0.00	\$0.00
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING) DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MOR	\$32.28	\$38.98	\$0.00	\$0.00
69222		\$51.48	\$61.41	\$0.00	\$0.00

69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	R	\$335.58	\$335.58	\$0.00	\$0.00
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR					
69320	STENO		\$600.92	\$600.92	\$0.00	\$0.00
69399	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA,					
69400	SINGLE		\$920.38	\$920.38	\$0.00	\$0.00
69401	UNLISTED PROCEDURE, EXTERNAL EAR	R	\$0.00	\$0.00	\$0.00	\$0.00
69405	EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITH CATHETERIZATION		\$31.61	\$37.64	\$0.00	\$0.00
	EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITHOUT CATHETERIZATION		\$22.57	\$25.92	\$0.00	\$0.00
	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC		\$83.12	\$89.55	\$0.00	\$0.00
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION		\$48.76	\$58.01	\$0.00	\$0.00
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION					
69424	REQU		\$83.03	\$83.03	\$0.00	\$0.00
69433	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA		\$34.45	\$42.49	\$0.00	\$0.00
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR					
	TOPIC		\$64.62	\$82.45	\$0.00	\$0.00
	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL					
	ANESTH		\$118.77	\$118.77	\$0.00	\$0.00
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION		\$470.18	\$470.18	\$0.00	\$0.00
69450	TYMPANOLYSIS, TRANSCANAL		\$374.25	\$374.25	\$0.00	\$0.00
69501	TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY)		\$579.30	\$579.30	\$0.00	\$0.00
69502	MASTOIDECTOMY; COMPLETE		\$744.52	\$744.52	\$0.00	\$0.00
69505	MASTOIDECTOMY; MODIFIED RADICAL		\$843.91	\$843.91	\$0.00	\$0.00
69511	MASTOIDECTOMY; RADICAL		\$878.91	\$878.91	\$0.00	\$0.00
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY		\$1,019.34	\$1,019.34	\$0.00	\$0.00
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH		\$1,759.39	\$1,759.39	\$0.00	\$0.00
69540	EXCISION AURAL POLYP		\$54.18	\$71.21	\$0.00	\$0.00
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL		\$730.03	\$730.03	\$0.00	\$0.00
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID		\$1,046.76	\$1,046.76	\$0.00	\$0.00
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)		\$1,433.80	\$1,433.80	\$0.00	\$0.00
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY		\$789.01	\$789.01	\$0.00	\$0.00
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY		\$865.08	\$865.08	\$0.00	\$0.00
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY		\$909.84	\$909.84	\$0.00	\$0.00
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY		\$931.65	\$931.65	\$0.00	\$0.00
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY		\$975.54	\$975.54	\$0.00	\$0.00

69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORAT	\$143.43	\$155.90	\$0.00	\$0.00
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$393.49	\$393.49	\$0.00	\$0.00
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY	\$647.12	\$647.12	\$0.00	\$0.00
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY	\$832.12	\$832.12	\$0.00	\$0.00
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY	\$792.00	\$792.00	\$0.00	\$0.00
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$875.05	\$875.05	\$0.00	\$0.00
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$998.86	\$998.86	\$0.00	\$0.00
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$994.28	\$994.28	\$0.00	\$0.00
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR	\$827.98	\$827.98	\$0.00	\$0.00
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR	\$1,087.12	\$1,087.12	\$0.00	\$0.00
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR	\$1,003.84	\$1,003.84	\$0.00	\$0.00
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR	\$1,113.74	\$1,113.74	\$0.00	\$0.00
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR	\$1,067.22	\$1,067.22	\$0.00	\$0.00
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR	\$1,156.70	\$1,156.70	\$0.00	\$0.00
69650	STAPES MOBILIZATION	\$630.81	\$630.81	\$0.00	\$0.00
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUI	\$785.43	\$785.43	\$0.00	\$0.00
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUI	\$991.03	\$991.03	\$0.00	\$0.00
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	\$971.80	\$971.80	\$0.00	\$0.00
69666	REPAIR OVAL WINDOW FISTULA	\$640.11	\$640.11	\$0.00	\$0.00
69667	REPAIR ROUND WINDOW FISTULA	\$638.27	\$638.27	\$0.00	\$0.00
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	\$623.54	\$623.54	\$0.00	\$0.00
69676	TYMPANIC NEURECTOMY	\$520.53	\$520.53	\$0.00	\$0.00

69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)		\$465.10	\$465.10	\$0.00	\$0.00
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING		\$775.35	\$775.35	\$0.00	\$0.00
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN		\$534.32	\$534.32	\$0.00	\$0.00
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU		\$0.00	\$651.98	\$0.00	\$0.00
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU		\$827.24	\$827.24	\$0.00	\$0.00
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED		\$673.16	\$673.16	\$0.00	\$0.00
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE		\$837.26	\$837.26	\$0.00	\$0.00
69720	GANGL DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO		\$933.77	\$933.77	\$0.00	\$0.00
69725	GENICUL SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR		\$986.57	\$986.57	\$0.00	\$0.00
69740	DECOMPRES SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR		\$809.97	\$809.97	\$0.00	\$0.00
69745	DECOMPRES		\$937.42	\$937.42	\$0.00	\$0.00
69799	UNLISTED PROCEDURE, MIDDLE EAR LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER	R	\$0.00	\$0.00	\$0.00	\$0.00
69801	NONEXCISIO LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER		\$566.13	\$566.13	\$0.00	\$0.00
69802	NONEXCISIO		\$696.16	\$696.16	\$0.00	\$0.00
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT		\$702.40	\$702.40	\$0.00	\$0.00
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT		\$814.38	\$814.38	\$0.00	\$0.00
69820	FENESTRATION SEMICIRCULAR CANAL		\$559.22	\$559.22	\$0.00	\$0.00
69840	REVISION FENESTRATION OPERATION		\$535.31	\$535.31	\$0.00	\$0.00
69905	LABYRINTHECTOMY; TRANSCANAL		\$731.73	\$731.73	\$0.00	\$0.00
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY		\$891.06	\$891.06	\$0.00	\$0.00
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH		\$1,107.74	\$1,107.74	\$0.00	\$0.00
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY		\$989.78	\$989.78	\$0.00	\$0.00
69949	UNLISTED PROCEDURE, INNER EAR	R	\$0.00	\$0.00	\$0.00	\$0.00
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH		\$1,159.27	\$1,159.27	\$0.00	\$0.00

69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)		\$1,247.70	\$1,247.70	\$0.00	\$0.00
69960	DECOMPRESSION INTERNAL AUDITORY CANAL		\$1,105.20	\$1,105.20	\$0.00	\$0.00
69970	REMOVAL OF TUMOR, TEMPORAL BONE		\$1,237.40	\$1,237.40	\$0.00	\$0.00
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE	R	\$0.00	\$0.00	\$0.00	\$0.00
69990	(LIST MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND		\$162.90	\$162.90	\$0.00	\$0.00
70010	INTERPRETAT		\$167.90	\$167.90	\$117.09	\$50.81
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND		\$87.60	\$87.60	\$36.79	\$50.81
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY		\$18.83	\$18.83	\$11.46	\$7.38
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS		\$22.08	\$22.08	\$14.14	\$7.94
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS		\$27.84	\$27.84	\$16.80	\$11.04
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS		\$24.74	\$24.74	\$16.80	\$7.94
70130	PER		\$36.09	\$36.09	\$21.33	\$14.75
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE		\$34.74	\$34.74	\$19.99	\$14.75
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE		\$25.03	\$25.03	\$16.80	\$8.23
70150	VIEWS RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE		\$32.67	\$32.67	\$21.33	\$11.33
70160	VIEWS DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION		\$21.52	\$21.52	\$14.14	\$7.38
70170	AND		\$38.64	\$38.64	\$25.60	\$13.04
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		\$25.88	\$25.88	\$16.80	\$9.09
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		\$33.52	\$33.52	\$21.33	\$12.19
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF		\$24.17	\$24.17	\$16.80	\$7.38
70220	THREE		\$32.37	\$32.37	\$21.33	\$11.04
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		\$19.69	\$19.69	\$11.46	\$8.23
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS		\$27.28	\$27.28	\$16.80	\$10.48
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS		\$39.01	\$39.01	\$24.26	\$14.75
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		\$11.71	\$11.71	\$7.19	\$4.52
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOU		\$18.27	\$18.27	\$11.46	\$6.82

70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$30.96	\$30.96	\$21.33	\$9.62
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH	\$21.27	\$21.27	\$13.34	\$7.94
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH	\$33.15	\$33.15	\$22.67	\$10.48
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$80.33	\$80.33	\$56.80	\$23.52
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$343.60	\$343.60	\$302.74	\$40.87
70350	CEPHALOGRAM, ORTHODONTIC	\$17.52	\$17.52	\$10.14	\$7.38
70355	ORTHOPANTOGRAM	\$23.98	\$23.98	\$15.46	\$8.53
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$18.83	\$18.83	\$11.46	\$7.38
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/O	\$49.10	\$49.10	\$35.20	\$13.90
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECO	\$93.10	\$93.10	\$56.80	\$36.30
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$67.27	\$67.27	\$48.27	\$19.00
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$25.52	\$25.52	\$18.14	\$7.38
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$64.71	\$64.71	\$48.27	\$16.44
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$164.34	\$164.34	\$127.74	\$36.59
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$201.59	\$201.59	\$153.07	\$48.51
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWE	\$245.70	\$245.70	\$191.23	\$54.47
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	\$182.78	\$182.78	\$127.74	\$55.04
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	\$212.12	\$212.12	\$153.07	\$59.04
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	\$253.37	\$253.37	\$191.23	\$62.14
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$176.55	\$176.55	\$127.74	\$48.81
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$208.70	\$208.70	\$153.07	\$55.62
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL,	\$252.22	\$252.22	\$191.23	\$61.00

70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$182.78	\$182.78	\$127.74	\$55.04
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$212.12	\$212.12	\$153.07	\$59.04
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLO	\$253.37	\$253.37	\$191.23	\$62.14
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S),	\$262.87	\$262.87	\$192.94	\$69.93
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S),	\$262.87	\$262.87	\$192.94	\$69.93
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOU	\$366.30	\$366.30	\$302.74	\$63.56
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH	\$399.60	\$399.60	\$354.09	\$45.51
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOU	\$716.67	\$716.67	\$655.32	\$61.35
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$346.92	\$346.92	\$299.54	\$47.38
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$346.92	\$346.92	\$299.54	\$47.38
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S),	\$656.65	\$656.65	\$586.58	\$70.07
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$346.92	\$346.92	\$299.54	\$47.38
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$346.92	\$346.92	\$299.54	\$47.38
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S),	\$656.65	\$656.65	\$586.58	\$70.07
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	\$366.30	\$366.30	\$302.74	\$63.56
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	\$439.87	\$439.87	\$363.27	\$76.60
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	\$774.25	\$774.25	\$672.42	\$101.84
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	\$0.00	\$0.00	\$0.00	\$110.40

70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	\$0.00	\$0.00	\$0.00	\$122.12
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	\$0.00	\$0.00	\$0.00	\$122.64
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$20.47	\$20.47	\$12.80	\$7.67
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$23.23	\$23.23	\$14.14	\$9.09
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH	\$26.18	\$26.18	\$16.80	\$9.38
71021	AP RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH	\$31.62	\$31.62	\$19.99	\$11.63
71022	OB	\$33.33	\$33.33	\$19.99	\$13.34
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH	\$37.77	\$37.77	\$21.33	\$16.44
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$34.67	\$34.67	\$21.33	\$13.34
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH	\$58.79	\$58.79	\$38.93	\$19.86
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, B BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$21.81	\$21.81	\$14.14	\$7.67
71040	INTERPRETATION BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$64.70	\$64.70	\$39.47	\$25.23
71060	INTERPRETATION INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL	\$91.78	\$91.78	\$59.73	\$32.05
71090	SUPERVI	\$69.11	\$69.11	\$45.59	\$23.52
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR	\$25.08	\$25.08	\$15.46	\$9.62
71101	CH	\$30.03	\$30.03	\$18.14	\$11.90
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR	\$33.23	\$33.23	\$21.33	\$11.90
71111	CHE	\$38.16	\$38.16	\$24.26	\$13.90
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF	\$26.13	\$26.13	\$17.60	\$8.53
71130	T	\$28.32	\$28.32	\$18.94	\$9.38
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$209.42	\$209.42	\$159.75	\$49.66
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S) COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED	\$244.31	\$244.31	\$191.23	\$53.08
71270	BY	\$297.79	\$297.79	\$238.74	\$59.04

71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S),	\$282.81	\$282.81	\$234.63	\$48.18
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	\$371.67	\$371.67	\$302.74	\$68.93
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	\$405.62	\$405.62	\$355.09	\$50.54
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	\$717.99	\$717.99	\$651.83	\$66.16
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR	\$377.83	\$377.83	\$302.74	\$75.10
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR A	\$47.04	\$47.04	\$27.74	\$19.30
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$17.98	\$17.98	\$11.46	\$6.52
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$25.64	\$25.64	\$16.26	\$9.38
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$37.59	\$37.59	\$24.26	\$13.34
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE A	\$46.28	\$46.28	\$30.67	\$15.61
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$22.72	\$22.72	\$13.34	\$9.38
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$26.98	\$26.98	\$17.60	\$9.38
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$29.37	\$29.37	\$19.99	\$9.38
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$34.17	\$34.17	\$24.79	\$9.38
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$27.52	\$27.52	\$18.14	\$9.38
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND E	\$30.33	\$30.33	\$18.14	\$12.19
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$27.52	\$27.52	\$18.14	\$9.38
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$38.13	\$38.13	\$24.79	\$13.34
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDIN	\$47.62	\$47.62	\$32.01	\$15.61
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMU	\$33.64	\$33.64	\$24.26	\$9.38
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$209.42	\$209.42	\$159.75	\$49.66
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$243.19	\$243.19	\$191.23	\$51.96
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW	\$293.22	\$293.22	\$238.74	\$54.47
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$209.42	\$209.42	\$159.75	\$49.66

72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$243.19	\$243.19	\$191.23	\$51.96
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW	\$293.22	\$293.22	\$238.74	\$54.47
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$209.42	\$209.42	\$159.75	\$49.66
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$243.19	\$243.19	\$191.23	\$51.96
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED	\$293.22	\$293.22	\$238.74	\$54.47
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	\$371.67	\$371.67	\$302.74	\$68.93
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	\$445.83	\$445.83	\$363.27	\$82.57
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	\$405.02	\$405.02	\$336.09	\$68.93
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	\$445.83	\$445.83	\$363.27	\$82.57
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU	\$399.65	\$399.65	\$336.09	\$63.56
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU	\$439.87	\$439.87	\$363.27	\$76.60
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	\$782.81	\$782.81	\$672.42	\$110.39
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	\$782.81	\$782.81	\$672.42	\$110.39
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	\$774.25	\$774.25	\$672.42	\$101.84
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WIT	\$409.04	\$409.04	\$336.09	\$72.95
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$21.25	\$21.25	\$14.14	\$7.11
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$27.23	\$27.23	\$18.14	\$9.09
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S)	\$273.77	\$273.77	\$225.60	\$48.18
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$206.31	\$206.31	\$159.75	\$46.56
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$234.50	\$234.50	\$184.84	\$49.66
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$281.10	\$281.10	\$229.14	\$51.96
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST	\$339.27	\$339.27	\$296.54	\$42.72

72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA	\$371.67	\$371.67	\$302.74	\$68.93
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST	\$723.49	\$723.49	\$656.82	\$66.66
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST	\$377.54	\$377.54	\$302.74	\$74.80
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$21.52	\$21.52	\$14.14	\$7.38
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$25.03	\$25.03	\$16.80	\$8.23
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$22.83	\$22.83	\$15.46	\$7.38
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$167.44	\$167.44	\$128.28	\$39.16
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$156.25	\$156.25	\$117.09	\$39.16
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$146.15	\$146.15	\$110.14	\$36.01
72270	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/THORA	\$221.86	\$221.86	\$164.82	\$57.04
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.63	\$79.63	\$59.26	\$20.37
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND	\$262.46	\$262.46	\$226.46	\$36.01
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$248.08	\$248.08	\$212.07	\$36.01
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$20.96	\$20.96	\$14.14	\$6.82
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$21.52	\$21.52	\$14.14	\$7.38
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$19.32	\$19.32	\$12.80	\$6.52
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$23.13	\$23.13	\$15.46	\$7.67
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISI	\$80.33	\$80.33	\$56.80	\$23.52
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR	\$26.66	\$26.66	\$18.14	\$8.53
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$22.83	\$22.83	\$15.46	\$7.38
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$20.66	\$20.66	\$14.14	\$6.52
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$22.83	\$22.83	\$15.46	\$7.38
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION	\$80.33	\$80.33	\$56.80	\$23.52
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$20.96	\$20.96	\$14.14	\$6.82

73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$20.15	\$20.15	\$13.34	\$6.82
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$20.15	\$20.15	\$13.34	\$6.82
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$21.79	\$21.79	\$14.41	\$7.38
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION	\$66.19	\$66.19	\$42.66	\$23.52
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$20.15	\$20.15	\$13.34	\$6.82
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$21.79	\$21.79	\$14.41	\$7.38
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	\$17.12	\$17.12	\$11.46	\$5.67
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$180.72	\$180.72	\$134.16	\$46.56
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$209.42	\$209.42	\$159.75	\$49.66
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO	\$252.79	\$252.79	\$200.83	\$51.96
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST	\$246.41	\$246.41	\$198.24	\$48.18
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	\$333.53	\$333.53	\$295.29	\$38.24
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	\$399.60	\$399.60	\$354.09	\$45.51
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	\$366.30	\$366.30	\$302.74	\$63.56
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	\$343.60	\$343.60	\$302.74	\$40.87
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	\$399.60	\$399.60	\$354.09	\$45.51
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	\$716.67	\$716.67	\$655.32	\$61.35
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTR	\$373.63	\$373.63	\$302.74	\$70.90
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	\$20.18	\$20.18	\$12.80	\$7.38
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEW	\$24.54	\$24.54	\$15.46	\$9.09
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH	\$29.47	\$29.47	\$18.14	\$11.33

73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AN	\$80.33	\$80.33	\$56.80	\$23.52
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$26.62	\$26.62	\$14.14	\$12.48
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF T RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY,	\$24.25	\$24.25	\$15.46	\$8.79
73542	RADIOLOGICAL	\$77.50	\$77.50	\$57.11	\$20.39
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	\$22.83	\$22.83	\$15.46	\$7.38
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$21.25	\$21.25	\$14.14	\$7.11
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$23.39	\$23.39	\$15.46	\$7.94
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	\$26.42	\$26.42	\$16.80	\$9.62
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL	\$20.44	\$20.44	\$13.34	\$7.11
73580	SUPERVISION A	\$94.71	\$94.71	\$71.19	\$23.52
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$21.25	\$21.25	\$14.14	\$7.11
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$20.15	\$20.15	\$13.34	\$6.82
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$20.15	\$20.15	\$13.34	\$6.82
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL	\$21.79	\$21.79	\$14.41	\$7.38
73615	SUPERVISION	\$80.33	\$80.33	\$56.80	\$23.52
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$20.15	\$20.15	\$13.34	\$6.82
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$21.79	\$21.79	\$14.41	\$7.38
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$19.61	\$19.61	\$12.80	\$6.82
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	\$17.12	\$17.12	\$11.46	\$5.67
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$180.72	\$180.72	\$134.16	\$46.56
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$209.42	\$209.42	\$159.75	\$49.66
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO	\$252.79	\$252.79	\$200.83	\$51.96
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST	\$246.41	\$246.41	\$198.24	\$48.18
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	\$333.53	\$338.24	\$295.29	\$38.24

73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	\$399.60	\$399.60	\$354.09	\$45.51
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	\$366.30	\$366.30	\$302.74	\$63.56
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	\$343.60	\$343.60	\$302.74	\$40.87
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	\$399.60	\$399.60	\$354.09	\$45.51
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	\$716.67	\$716.67	\$655.32	\$61.35
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTR	\$376.27	\$376.27	\$302.74	\$73.54
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$21.81	\$21.81	\$14.14	\$7.67
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQU	\$25.64	\$25.64	\$15.46	\$10.19
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR	\$28.69	\$28.69	\$16.80	\$11.90
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUD	\$33.89	\$33.89	\$19.99	\$13.90
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$203.88	\$203.88	\$153.07	\$50.81
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$239.31	\$239.31	\$184.84	\$54.47
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$289.28	\$289.28	\$229.14	\$60.14
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S)	\$273.77	\$273.77	\$225.60	\$48.18
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST	\$371.67	\$371.67	\$302.74	\$68.93
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERI	\$405.62	\$405.62	\$355.09	\$50.54
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST	\$723.49	\$723.49	\$656.82	\$66.66
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST	\$377.54	\$377.54	\$302.74	\$74.80
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	\$53.26	\$53.26	\$35.20	\$18.06
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$47.35	\$47.35	\$32.01	\$15.34
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$51.87	\$51.87	\$32.01	\$19.86

74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON	\$58.43	\$58.43	\$35.20	\$23.23
74235	CATHETER, RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR	\$122.00	\$122.00	\$71.19	\$50.81
74240	WITHOUT RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR	\$69.51	\$69.51	\$39.47	\$30.05
74241	WITHOUT RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL	\$70.32	\$70.32	\$40.27	\$30.05
74245	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR	\$103.69	\$103.69	\$64.53	\$39.16
74246	CONTRAST, RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR	\$74.59	\$74.59	\$44.54	\$30.05
74247	CONTRAST, RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR	\$75.63	\$75.63	\$45.59	\$30.05
74249	CONTRAST,	\$108.76	\$108.76	\$69.60	\$39.16
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM	\$55.36	\$55.36	\$35.20	\$20.15
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM	\$61.81	\$61.81	\$35.20	\$26.61
74260	DUODENOGRAPHY, HYPOTONIC	\$61.84	\$61.84	\$40.27	\$21.57
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB	\$76.17	\$76.17	\$46.12	\$30.05
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF	\$103.35	\$103.35	\$60.53	\$42.82
74283	INTUSSUSCEPTION O	\$156.15	\$156.15	\$69.33	\$86.82
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST; CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION	\$33.89	\$33.89	\$19.99	\$13.90
74291	OR CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE,	\$19.98	\$19.98	\$11.46	\$8.53
74300	RADIOLOGICAL CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET	\$39.94	\$39.94	\$25.98	\$13.96
74301	INTRAOPERATIVE, CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING	\$23.19	\$23.19	\$15.08	\$8.10
74305	CATHETER, CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL	\$39.48	\$39.48	\$21.33	\$18.15
74320	SUPERVISION POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-	\$108.60	\$108.60	\$85.08	\$23.52
74327	TUBE T	\$78.07	\$78.07	\$47.73	\$30.34

74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	\$115.42	\$115.42	\$85.08	\$30.34
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGIC	\$115.42	\$115.42	\$85.08	\$30.34
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCT	\$115.42	\$115.42	\$85.08	\$30.34
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUD	\$94.71	\$94.71	\$71.19	\$23.52
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION A	\$117.99	\$117.99	\$85.08	\$32.90
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION	\$104.09	\$104.09	\$71.19	\$32.90
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS	\$108.60	\$108.60	\$85.08	\$23.52
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR	\$202.83	\$202.83	\$164.82	\$38.01
74400	WIT	\$66.60	\$66.60	\$45.59	\$21.01
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$73.81	\$73.81	\$52.80	\$21.01
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	\$78.35	\$78.35	\$57.34	\$21.01
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$86.53	\$86.53	\$71.19	\$15.34
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM),	\$50.54	\$50.54	\$35.20	\$15.34
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL	\$42.42	\$42.42	\$28.52	\$13.90
74440	SUPERVISI	\$47.11	\$47.11	\$30.67	\$16.44
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.47	\$79.47	\$30.67	\$48.81
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRET	\$53.66	\$53.66	\$39.47	\$14.19
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$56.86	\$56.86	\$42.66	\$14.19
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR	\$57.38	\$57.38	\$33.86	\$23.52
74475	DRAINAGE	\$133.67	\$133.67	\$110.14	\$23.52

74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL P	\$133.67	\$133.67	\$110.14	\$23.52
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION	\$108.60	\$108.60	\$85.08	\$23.52
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$51.64	\$51.64	\$35.20	\$16.44
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVIS	\$110.66	\$110.66	\$85.08	\$25.58
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMAL	\$66.41	\$66.41	\$39.47	\$26.94
75552	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST	\$371.67	\$371.67	\$302.74	\$68.93
75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATER	\$383.41	\$383.41	\$302.74	\$80.67
75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT	\$378.42	\$378.42	\$302.74	\$75.68
75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT	\$375.78	\$375.78	\$302.74	\$73.04
75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL	\$0.00	\$0.00	\$0.00	\$0.00
75600	SUPERVISION	\$361.36	\$361.36	\$340.35	\$21.01
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$389.16	\$389.16	\$340.35	\$48.81
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$389.16	\$389.16	\$340.35	\$48.81
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL	\$410.92	\$410.92	\$354.74	\$56.18
75635	ILIOFE	\$300.86	\$300.86	\$225.60	\$75.26
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN,	\$404.21	\$404.21	\$340.35	\$63.85
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND	\$396.54	\$396.54	\$340.35	\$56.18
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL	\$396.54	\$396.54	\$340.35	\$56.18
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL	\$411.58	\$411.58	\$340.35	\$71.23
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION A	\$396.54	\$396.54	\$340.35	\$56.18

75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AN	\$411.58	\$411.58	\$340.35	\$71.23
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION A	\$396.54	\$396.54	\$340.35	\$56.18
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AN	\$411.58	\$411.58	\$340.35	\$71.23
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$396.54	\$396.54	\$340.35	\$56.18
75705	INTERPRET	\$434.25	\$434.25	\$340.35	\$93.90
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$389.16	\$389.16	\$340.35	\$48.81
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$396.54	\$396.54	\$340.35	\$56.18
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	\$389.16	\$389.16	\$340.35	\$48.81
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT	\$404.21	\$404.21	\$340.35	\$63.85
75726	F	\$389.16	\$389.16	\$340.35	\$48.81
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION	\$389.16	\$389.16	\$340.35	\$48.81
75733	A	\$396.54	\$396.54	\$340.35	\$56.18
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVI	\$389.16	\$389.16	\$340.35	\$48.81
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISIO	\$396.54	\$396.54	\$340.35	\$56.18
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION	\$411.58	\$411.58	\$340.35	\$71.23
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,	\$389.16	\$389.16	\$340.35	\$48.81
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETA	\$389.16	\$389.16	\$340.35	\$48.81
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC	\$355.69	\$355.69	\$340.35	\$15.34
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL	\$115.96	\$115.96	\$36.79	\$79.17

75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION	\$181.33	\$181.33	\$146.42	\$34.91
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION	\$196.37	\$196.37	\$146.42	\$49.96
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISI	\$199.73	\$199.73	\$164.82	\$34.91
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISIO	\$214.78	\$214.78	\$164.82	\$49.96
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCUL	\$40.95	\$40.95	\$21.33	\$19.62
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$389.16	\$389.16	\$340.35	\$48.81
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$55.94	\$55.94	\$25.60	\$30.34
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$85.42	\$85.42	\$40.01	\$45.41
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVIS	\$389.16	\$389.16	\$340.35	\$48.81
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVIS	\$389.16	\$389.16	\$340.35	\$48.81
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$389.16	\$389.16	\$340.35	\$48.81
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$404.21	\$404.21	\$340.35	\$63.85
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION A	\$389.16	\$389.16	\$340.35	\$48.81
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AN	\$404.21	\$404.21	\$340.35	\$63.85
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGUL	\$389.16	\$389.16	\$340.35	\$48.81
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND	\$389.16	\$389.16	\$340.35	\$48.81
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$389.16	\$389.16	\$340.35	\$48.81
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$55.94	\$55.94	\$25.60	\$30.34
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION,	\$402.20	\$402.20	\$340.35	\$61.85
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,	\$402.20	\$402.20	\$340.35	\$61.85

75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION,	\$389.16	\$389.16	\$340.35	\$48.81
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC				
75893	EVALUATION,	\$389.16	\$389.16	\$340.35	\$48.81
75894	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG,				
75896	FOR	\$363.88	\$363.88	\$340.35	\$23.52
75898	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL				
75900	SUPERVIS	\$708.07	\$708.07	\$651.89	\$56.18
75901	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER				
75902	TH	\$622.99	\$622.99	\$566.81	\$56.18
75940	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR				
75945	TRANSCAT	\$99.46	\$99.46	\$28.52	\$70.94
75946	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING				
75952	THROMBOL	\$588.06	\$588.06	\$566.78	\$21.28
75953	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN				
75954	SH	\$70.35	\$70.35	\$51.36	\$18.99
75957	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE				
75958	MATERIA	\$66.44	\$66.44	\$51.36	\$15.08
75959	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND				
75960	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL	\$363.88	\$363.88	\$340.35	\$23.52
75961	SUPERVISI	\$133.72	\$133.72	\$118.96	\$14.76
75962	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL				
75963	SUPERVISI	\$74.37	\$74.37	\$59.61	\$14.76
75964	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR				
75965	DISSECT	\$173.41	\$173.41	\$0.00	\$0.00
75966	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR				
75967	ENDOVASCULAR	\$70.07	\$70.07	\$0.00	\$0.00
75968	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM,				
75969	ARTERIOV	\$691.68	\$691.68	\$622.51	\$69.17
75970	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,				
75971	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR	\$252.50	\$252.50	\$0.00	\$252.50
75972	REPAIR OF	\$168.33	\$168.33	\$0.00	\$168.33
75973	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER				
75974	ENDOVASCUL	\$147.35	\$147.35	\$0.00	\$147.35

75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (EXCEPT CORONARY	\$437.70	\$437.70	\$402.25	\$35.44
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (	\$466.03	\$466.03	\$283.55	\$182.48
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL	\$448.69	\$448.69	\$425.17	\$23.52
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY,	\$242.06	\$242.06	\$226.72	\$15.34
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY,	\$481.35	\$481.35	\$425.17	\$56.18
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY,	\$242.06	\$242.06	\$226.72	\$15.34
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$347.81	\$347.81	\$311.81	\$36.01
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS),	\$454.86	\$454.86	\$425.17	\$29.69
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING,	\$208.27	\$208.27	\$146.42	\$61.85
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND	\$226.68	\$226.68	\$164.82	\$61.85
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITOR	\$84.00	\$84.00	\$52.80	\$31.19
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED	\$135.89	\$135.89	\$85.08	\$50.81
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION	\$448.69	\$448.69	\$425.17	\$23.52
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGI	\$242.06	\$242.06	\$226.72	\$15.34
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND	\$481.35	\$481.35	\$425.17	\$56.18
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND	\$481.35	\$481.35	\$425.17	\$56.18
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICA	\$242.06	\$242.06	\$226.72	\$15.34
75998	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME,	\$51.32	\$51.32	\$35.74	\$15.57
76000	OTHER	\$42.31	\$42.31	\$35.20	\$7.11

76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOL	\$100.38	\$100.38	\$71.19	\$29.19
76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP	\$58.73	\$58.73	\$35.20	\$23.52
76005	FOR S	\$57.80	\$57.80	\$35.41	\$22.39
76006	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRA	\$15.37	\$15.37	\$0.00	\$0.00
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VI	\$21.81	\$21.81	\$14.14	\$7.67
76012	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLAS	\$77.83	\$77.83	\$0.00	\$0.00
76013	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLAS	\$65.13	\$65.13	\$0.00	\$0.00
76020	BONE AGE STUDIES	\$22.37	\$22.37	\$14.14	\$8.23
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$33.23	\$33.23	\$21.33	\$11.90
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$46.24	\$46.24	\$26.94	\$19.30
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICUL	\$62.46	\$62.46	\$38.93	\$23.52
76065	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$32.18	\$32.18	\$19.99	\$12.19
76066	JOINT SURVEY, SINGLE VIEW, TWO OR MORE JOINTS (SPECIFY)	\$43.47	\$43.47	\$30.13	\$13.34
76070	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; AX	\$90.78	\$90.78	\$79.74	\$11.04
76071	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;	\$84.97	\$84.97	\$76.58	\$8.39
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MOR	\$96.25	\$96.25	\$83.74	\$12.51
76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MOR	\$29.22	\$29.22	\$19.81	\$9.40
76077	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MOR	\$27.27	\$27.27	\$20.43	\$6.83
76078	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), O	\$28.64	\$28.64	\$19.81	\$8.83
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLO	\$52.05	\$52.05	\$28.52	\$23.52

76082	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE	\$13.55	\$13.55	\$11.05	\$2.50
76083	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE	\$13.55	\$13.55	\$11.05	\$2.50
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISIO	\$86.79	\$86.79	\$71.19	\$15.61
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVI	\$118.25	\$118.25	\$98.95	\$19.30
76090	MAMMOGRAPHY; UNILATERAL	\$39.56	\$39.56	\$28.52	\$11.04
76091	MAMMOGRAPHY; BILATERAL	\$52.79	\$52.79	\$35.20	\$17.59
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)	\$50.06	\$50.06	\$33.08	\$16.98
76093	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST	\$545.93	\$545.93	\$476.12	\$69.81
76094	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST	\$715.59	\$715.59	\$645.77	\$69.81
76095	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEME	\$262.01	\$262.01	\$193.64	\$68.37
76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR WIRE	\$59.58	\$59.58	\$35.20	\$24.38
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$18.27	\$18.27	\$11.46	\$6.82
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OT	\$59.09	\$59.09	\$33.86	\$25.23
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTI	\$63.63	\$63.63	\$38.40	\$25.23
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTI	\$72.16	\$72.16	\$46.93	\$25.23
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$44.96	\$44.96	\$28.52	\$16.44
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LI	\$32.96	\$32.96	\$21.33	\$11.63
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$19.86	\$19.86	\$0.00	\$0.00
76150	XERORADIOGRAPHY	\$11.46	\$11.46	\$0.00	\$0.00
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$27.75	\$37.00	\$0.00	\$0.00
76355	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$274.66	\$274.66	\$222.99	\$51.67

76360	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRAT		\$272.39	\$272.39	\$222.99	\$49.39
76362	COMPUTED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE		\$388.11	\$388.11	\$232.60	\$155.50
76370	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		\$116.34	\$116.34	\$79.74	\$36.59
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY,		\$97.83	\$97.83	\$89.59	\$8.24
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY,		\$127.95	\$127.95	\$95.55	\$32.40
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY		\$136.95	\$136.95	\$94.69	\$42.26
76390	MAGNETIC RESONANCE SPECTROSCOPY		\$351.96	\$351.96	\$292.16	\$59.80
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEED		\$357.14	\$357.14	\$298.79	\$58.35
76394	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE		\$471.15	\$471.15	\$306.88	\$164.27
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY		\$371.67	\$371.67	\$302.74	\$68.93
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	R	\$0.00	\$0.00	\$0.00	\$0.00
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL	R	\$0.00	\$0.00	\$0.00	\$0.00
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	R	\$0.00	\$0.00	\$0.00	\$0.00
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	R	\$0.00	\$0.00	\$0.00	\$0.00
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION		\$65.63	\$65.63	\$38.40	\$27.24
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERF		\$121.56	\$121.56	\$57.44	\$64.12
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERS		\$69.95	\$69.95	\$41.32	\$28.63
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR		\$9.01	\$9.01	\$1.80	\$7.21
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR		\$57.38	\$57.38	\$33.86	\$23.52
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID,		\$62.77	\$62.77	\$38.40	\$24.38

76604	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH	\$59.29	\$59.29	\$35.20	\$24.08
76645	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL T	\$52.05	\$52.05	\$28.52	\$23.52
76700	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO	\$88.25	\$88.25	\$53.34	\$34.91
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO	\$63.92	\$63.92	\$38.40	\$25.53
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR R	\$85.39	\$85.39	\$53.34	\$32.05
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR R	\$63.63	\$63.63	\$38.40	\$25.23
76778	ULTRASOUND, TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE	\$85.39	\$85.39	\$53.34	\$32.05
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$86.91	\$86.91	\$38.40	\$48.51
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$68.11	\$68.11	\$29.32	\$38.78
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$53.48	\$53.48	\$20.84	\$32.64
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$99.62	\$99.62	\$56.80	\$42.82
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$197.93	\$197.93	\$113.36	\$84.57
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$175.61	\$175.61	\$99.55	\$76.06
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$106.62	\$106.62	\$35.57	\$71.05
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMIT	\$66.49	\$66.49	\$38.40	\$28.09
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLO	\$54.80	\$54.80	\$30.13	\$24.67
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION,	\$69.40	\$69.40	\$40.10	\$29.30
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$76.93	\$76.93	\$43.74	\$33.20
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$68.38	\$68.38	\$43.30	\$25.08
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$64.65	\$64.65	\$44.19	\$20.46
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$72.62	\$72.62	\$44.19	\$28.44

76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$92.70	\$92.70	\$53.34	\$39.36
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$62.99	\$62.99	\$19.19	\$43.81
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WI	\$83.89	\$83.89	\$47.15	\$36.74
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WI	\$55.05	\$55.05	\$30.62	\$24.43
76830	ULTRASOUND, TRANSVAGINAL	\$71.37	\$71.37	\$41.32	\$30.05
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER,	\$0.00	\$70.10	\$39.88	\$0.00
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$71.37	\$71.37	\$41.32	\$30.05
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$44.96	\$44.96	\$28.52	\$16.44
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$68.85	\$68.85	\$41.32	\$27.53
76872	ULTRASOUND, TRANSRECTAL;	\$71.37	\$71.37	\$41.32	\$30.05
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREAT	\$110.37	\$110.37	\$57.83	\$52.54
76880	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAG	\$63.92	\$63.92	\$38.40	\$25.53
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC	\$70.68	\$70.68	\$39.88	\$30.79
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED	\$62.86	\$62.86	\$37.06	\$25.80
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND	\$70.51	\$70.51	\$41.32	\$29.19
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	\$70.51	\$70.51	\$41.32	\$29.19
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	\$264.25	\$264.25	\$170.16	\$94.08
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATIO	\$24.86	\$24.86	\$12.36	\$12.50
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	\$123.68	\$123.68	\$46.33	\$77.35
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESI	\$99.46	\$99.46	\$41.35	\$58.11

76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING		\$70.51	\$70.51	\$41.32	\$29.19
76945	SUPERVISION		\$79.80	\$79.80	\$41.35	\$38.45
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND		\$57.76	\$57.76	\$41.32	\$16.44
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISION AND		\$57.76	\$57.76	\$41.32	\$16.44
76950	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		\$60.44	\$60.44	\$35.20	\$25.23
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION		\$249.90	\$249.90	\$150.44	\$99.46
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		\$45.82	\$45.82	\$28.52	\$17.29
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION		\$75.42	\$75.42	\$41.32	\$34.10
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SIT		\$0.00	\$32.14	\$23.26	\$8.88
76986	ULTRASONIC GUIDANCE, INTRAOPERATIVE		\$122.56	\$122.56	\$71.19	\$51.37
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE		\$59.60	\$59.60	\$0.00	\$0.00
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE		\$90.53	\$90.53	\$0.00	\$0.00
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX		\$134.55	\$134.55	\$0.00	\$0.00
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		\$124.22	\$124.22	\$93.88	\$30.34
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE		\$195.53	\$195.53	\$150.69	\$44.85
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		\$243.00	\$243.00	\$175.77	\$67.22
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIMENSIONAL UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT		\$950.24	\$950.24	\$755.30	\$194.94
77299	PLANNING	R	\$0.00	\$0.00	\$0.00	\$0.00
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULA		\$62.95	\$62.95	\$36.28	\$26.68
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAM		\$1,032.62	\$1,032.62	\$715.54	\$317.08
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPL		\$80.73	\$80.73	\$50.39	\$30.34
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED);		\$108.04	\$108.04	\$63.19	\$44.85
77315	COMPL		\$139.21	\$139.21	\$71.99	\$67.22
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY		\$149.96	\$149.96	\$109.10	\$40.87

77326	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION MADE FROM SINGLE PLANE	\$104.01	\$104.01	\$63.99	\$40.01
77327	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIO	\$153.49	\$153.49	\$93.88	\$59.60
77328	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME	\$223.83	\$223.83	\$134.16	\$89.67
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESC TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK,	\$51.05	\$51.05	\$13.60	\$37.45
77332	SIMP	\$59.80	\$59.80	\$36.28	\$23.52
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLO	\$87.76	\$87.76	\$51.46	\$36.30
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS,	\$140.58	\$140.58	\$87.76	\$52.81
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREAT	\$80.55	\$80.55	\$0.00	\$0.00
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$94.42	\$94.42	\$0.00	\$0.00
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT	\$0.00	\$0.00	\$0.00	\$0.00
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$48.00	\$48.00	\$0.00	\$0.00
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR	\$48.00	\$48.00	\$0.00	\$0.00
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR	\$48.00	\$48.00	\$0.00	\$0.00
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR	\$48.00	\$48.00	\$0.00	\$0.00
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR	\$48.00	\$48.00	\$0.00	\$0.00
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR M	\$56.53	\$56.53	\$0.00	\$0.00
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR M	\$56.53	\$56.53	\$0.00	\$0.00
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR M	\$56.53	\$56.53	\$0.00	\$0.00
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR M	\$56.53	\$56.53	\$0.00	\$0.00

77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS,	\$63.19	\$63.19	\$0.00	\$0.00
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS,	\$63.19	\$63.19	\$0.00	\$0.00
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS,	\$63.19	\$63.19	\$0.00	\$0.00
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS,	\$63.19	\$63.19	\$0.00	\$0.00
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$15.99	\$15.99	\$0.00	\$0.00
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS	\$417.56	\$417.56	\$417.56	\$0.00
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE	\$103.73	\$103.73	\$88.32	\$15.41
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT ARE	\$47.00	\$47.00	\$0.00	\$0.00
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(	\$61.03	\$61.03	\$0.00	\$0.00
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$125.90	\$125.90	\$0.00	\$0.00
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTIN	\$77.75	\$77.75	\$0.00	\$0.00
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COM	\$374.91	\$374.91	\$0.00	\$0.00
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY	\$390.56	\$390.56	\$300.88	\$89.67
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT R	\$0.00	\$0.00	\$0.00	\$0.00
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$0.00	\$0.00	\$0.00	\$0.00
77525	PROTON TREATMENT DELIVERY; COMPLEX	\$0.00	\$0.00	\$0.00	\$0.00
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPT	\$149.38	\$149.38	\$82.16	\$67.22
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATE	\$199.55	\$199.55	\$109.87	\$89.67
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITI	\$149.38	\$149.38	\$82.16	\$67.22
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTIT	\$199.55	\$199.55	\$109.87	\$89.67
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$149.38	\$149.38	\$82.16	\$67.22

77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS		\$232.97	\$232.97	\$36.01	\$196.96
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE		\$220.69	\$220.69	\$67.99	\$152.70
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE		\$327.21	\$327.21	\$97.61	\$229.60
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX		\$464.57	\$464.57	\$121.36	\$343.21
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE		\$259.25	\$259.25	\$58.92	\$200.33
77777	INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE		\$414.68	\$414.68	\$114.68	\$300.00
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX		\$587.70	\$587.70	\$138.69	\$449.01
	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE					
77781	POSITIONS		\$615.06	\$615.06	\$548.40	\$66.66
	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE					
77782	POSITIONS		\$648.82	\$648.82	\$548.40	\$100.42
	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE					
77783	POSITION		\$697.97	\$697.97	\$548.40	\$149.57
	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE					
77784	POSIT		\$773.43	\$773.43	\$548.40	\$225.03
77789	SURFACE APPLICATION OF RADIATION SOURCE		\$57.11	\$57.11	\$12.26	\$44.85
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE		\$58.45	\$58.45	\$13.60	\$44.85
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	R	\$0.00	\$0.00	\$0.00	\$0.00
78000	THYROID UPTAKE; SINGLE DETERMINATION		\$34.37	\$34.37	\$26.13	\$8.23
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS		\$46.54	\$46.54	\$35.20	\$11.33
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING		\$40.33	\$40.33	\$26.13	\$14.19
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION		\$85.54	\$85.54	\$64.53	\$21.01
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS		\$91.17	\$91.17	\$69.60	\$21.57
78010	THYROID IMAGING; ONLY		\$65.81	\$65.81	\$49.07	\$16.73
78011	THYROID IMAGING; WITH VASCULAR FLOW		\$84.63	\$84.63	\$65.07	\$19.57
	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND					
78015	CHEST		\$98.79	\$98.79	\$69.60	\$29.19
	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG,					
78016	URI		\$129.86	\$129.86	\$94.15	\$35.71
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		\$187.55	\$187.55	\$146.69	\$40.87
	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO					
78020	CO		\$23.59	\$23.59	\$14.98	\$8.61
78070	PARATHYROID IMAGING		\$71.18	\$71.18	\$49.07	\$22.11
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		\$178.74	\$178.74	\$146.69	\$32.05
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	\$0.00	\$0.00	\$0.00	\$0.00

78102	BONE MARROW IMAGING; LIMITED AREA		\$79.01	\$79.01	\$55.19	\$23.82
78103	BONE MARROW IMAGING; MULTIPLE AREAS		\$117.96	\$117.96	\$85.62	\$32.34
78104	BONE MARROW IMAGING; WHOLE BODY		\$144.76	\$144.76	\$110.14	\$34.61
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE		\$33.83	\$33.83	\$25.60	\$8.23
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE		\$79.22	\$79.22	\$69.60	\$9.62
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING		\$57.11	\$57.11	\$46.93	\$10.19
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		\$92.33	\$92.33	\$78.43	\$13.90
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PL		\$143.85	\$143.85	\$124.55	\$19.30
78130	RED CELL SURVIVAL STUDY;		\$103.47	\$103.47	\$77.09	\$26.38
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLE		\$159.27	\$159.27	\$131.74	\$27.53
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENI		\$132.79	\$132.79	\$106.41	\$26.38
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		\$81.29	\$81.29	\$63.99	\$17.29
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL		\$201.24	\$201.24	\$154.68	\$46.56
78191	PLATELET SURVIVAL STUDY		\$224.56	\$224.56	\$198.18	\$26.38
78195	LYMPHATICS AND LYMPH NODES IMAGING		\$140.48	\$140.48	\$110.14	\$30.34
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE,	R	\$0.00	\$0.00	\$0.00	\$0.00
78201	LIVER IMAGING; STATIC ONLY		\$82.73	\$82.73	\$63.99	\$18.74
78202	LIVER IMAGING; WITH VASCULAR FLOW		\$100.00	\$100.00	\$77.89	\$22.11
78205	LIVER IMAGING (SPECT);		\$190.65	\$190.65	\$159.75	\$30.90
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW		\$196.72	\$196.72	\$161.12	\$35.61
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		\$100.24	\$100.24	\$79.23	\$21.01
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		\$118.82	\$118.82	\$94.15	\$24.67
78223	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WI		\$135.25	\$135.25	\$98.95	\$36.30
78230	SALIVARY GLAND IMAGING;		\$78.49	\$78.49	\$58.92	\$19.57
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		\$108.29	\$108.29	\$85.62	\$22.67
78232	SALIVARY GLAND FUNCTION STUDY		\$115.91	\$115.91	\$95.49	\$20.42
78258	ESOPHAGEAL MOTILITY		\$109.94	\$109.94	\$77.89	\$32.05
78261	GASTRIC MUCOSA IMAGING		\$140.99	\$140.99	\$110.95	\$30.05

78262	GASTROESOPHAGEAL REFLUX STUDY		\$144.43	\$144.43	\$114.95	\$29.48
78264	GASTRIC EMPTYING STUDY		\$145.24	\$145.24	\$111.48	\$33.76
78267	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS		\$7.87	\$7.78	\$0.00	\$0.00
78268	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS		\$65.87	\$65.87	\$0.00	\$0.00
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC		\$50.65	\$50.65	\$41.86	\$8.79
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FAC		\$53.33	\$53.33	\$44.54	\$8.79
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC F		\$74.82	\$74.82	\$62.92	\$11.90
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		\$174.56	\$174.56	\$131.74	\$42.82
78282	GASTROINTESTINAL PROTEIN LOSS		\$0.00	\$0.00	\$0.00	\$16.44
78290	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION,		\$111.64	\$111.64	\$82.16	\$29.48
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		\$120.43	\$120.43	\$82.69	\$37.74
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	\$0.00	\$0.00	\$0.00	\$0.00
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		\$94.40	\$94.40	\$67.46	\$26.94
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		\$134.96	\$134.96	\$98.95	\$36.01
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		\$152.64	\$152.64	\$115.48	\$37.15
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		\$172.79	\$172.79	\$129.09	\$43.70
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		\$204.31	\$204.31	\$159.75	\$44.56
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE P		\$30.15	\$30.15	\$20.53	\$9.62
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHO		\$14.39	\$14.39	\$0.00	\$0.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	\$0.00	\$0.00	\$0.00	\$0.00
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION		\$0.00	\$0.00	\$0.00	\$19.30
78428	CARDIAC SHUNT DETECTION		\$94.83	\$94.83	\$61.07	\$33.76
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		\$71.93	\$71.93	\$50.15	\$21.79
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE		\$147.47	\$147.47	\$109.71	\$37.76
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		\$105.19	\$105.19	\$71.99	\$33.20
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL		\$147.15	\$147.15	\$108.56	\$38.60
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC	R	\$0.00	\$0.00	\$0.00	\$93.54

78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS		\$101.15	\$101.15	\$63.99	\$37.15
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/O		\$180.26	\$180.26	\$127.74	\$52.52
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY (INCLU		\$237.79	\$237.79	\$191.23	\$46.56
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES		\$381.19	\$381.19	\$318.49	\$62.71
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE		\$101.23	\$101.23	\$71.19	\$30.05
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FI		\$133.30	\$133.30	\$98.95	\$34.35
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WI		\$180.80	\$180.80	\$141.35	\$39.45
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT		\$191.34	\$191.34	\$149.08	\$42.26
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL		\$285.99	\$285.99	\$222.99	\$63.00
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATI		\$68.80	\$68.80	\$42.13	\$26.68
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN		\$68.80	\$68.80	\$42.13	\$26.68
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STU		\$183.61	\$183.61	\$141.35	\$42.26
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE		\$275.58	\$275.58	\$212.58	\$63.00
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SIN	R	\$0.00	\$0.00	\$0.00	\$80.26
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MUL	R	\$0.00	\$0.00	\$0.00	\$90.92
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MO			\$199.31	\$154.53	\$44.78
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST,			\$68.73	\$48.21	\$20.51
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	\$0.00	\$0.00	\$0.00	\$0.00
78580	PULMONARY PERFUSION IMAGING, PARTICULATE		\$124.86	\$124.86	\$92.81	\$32.05

78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BRE		\$129.24	\$129.24	\$86.42	\$42.82
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHIN		\$198.85	\$198.85	\$152.29	\$46.56
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION		\$87.43	\$87.43	\$70.14	\$17.29
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTE		\$96.75	\$96.75	\$75.74	\$21.01
78588	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE		\$0.00	\$136.25	\$96.15	\$40.11
78591	PROJECTI		\$94.38	\$94.38	\$77.09	\$17.29
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT W		\$114.35	\$114.35	\$93.35	\$21.01
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT W		\$157.92	\$157.92	\$134.69	\$23.23
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/ PERFUSION)		\$245.70	\$245.70	\$191.23	\$54.47
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	\$0.00	\$0.00	\$0.00	\$0.00
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		\$96.90	\$96.90	\$77.89	\$19.00
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW		\$114.14	\$114.14	\$91.76	\$22.37
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC		\$114.99	\$114.99	\$91.76	\$23.23
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW		\$132.09	\$132.09	\$104.56	\$27.53
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)		\$229.63	\$229.63	\$177.11	\$52.52
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATIO	R	\$60.65	\$60.65	\$0.00	\$0.00
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATIO	R	\$62.66	\$62.66	\$0.00	\$0.00
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		\$55.71	\$55.71	\$42.66	\$13.04
78615	CEREBRAL VASCULAR FLOW		\$122.17	\$122.17	\$104.02	\$18.15
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER		\$165.76	\$165.76	\$136.28	\$29.48
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER		\$95.18	\$95.18	\$68.80	\$26.38
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER		\$117.48	\$117.48	\$92.81	\$24.67
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER		\$198.62	\$198.62	\$159.75	\$38.86

78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION		\$151.74	\$151.74	\$125.36	\$26.38
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY		\$80.57	\$80.57	\$57.34	\$23.23
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	\$0.00	\$0.00	\$0.00	\$0.00
78700	KIDNEY IMAGING; STATIC ONLY		\$101.45	\$101.45	\$82.16	\$19.30
78701	KIDNEY IMAGING; WITH VASCULAR FLOW		\$117.04	\$117.04	\$96.03	\$21.01
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)		\$139.00	\$139.00	\$106.95	\$32.05
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT		\$161.13	\$161.13	\$120.82	\$40.31
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH		\$0.00	\$163.76	\$116.60	\$47.16
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES,					
78710	WITH		\$0.00	\$169.52	\$116.60	\$52.92
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)		\$188.38	\$188.38	\$159.75	\$28.63
78715	KIDNEY VASCULAR FLOW ONLY		\$55.71	\$55.71	\$42.66	\$13.04
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY		\$64.71	\$64.71	\$48.27	\$16.44
78730	URINARY BLADDER RESIDUAL STUDY		\$54.81	\$54.81	\$39.47	\$15.34
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)		\$82.01	\$82.01	\$57.34	\$24.67
78760	TESTICULAR IMAGING;		\$100.91	\$100.91	\$72.53	\$28.39
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW		\$117.32	\$117.32	\$86.42	\$30.90
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	\$0.00	\$0.00	\$0.00	\$0.00
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF		\$120.15	\$120.15	\$91.76	\$28.39
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF		\$148.46	\$148.46	\$114.41	\$34.05
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF		\$186.77	\$186.77	\$149.61	\$37.15
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF		\$223.67	\$223.67	\$177.11	\$46.56
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF		\$158.04	\$158.04	\$116.73	\$41.31
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED					
78805	AREA		\$123.25	\$123.25	\$91.76	\$31.49
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE					
78806	BODY		\$210.78	\$210.78	\$173.89	\$36.89
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS;					
78807	TOMOGRAPHIC		\$223.67	\$223.67	\$177.11	\$46.56
78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA (EG, C	R		\$0.00	\$0.00	\$62.06
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-					
78812	T	R		\$0.00	\$0.00	\$76.95
78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY	R		\$0.00	\$0.00	\$62.19

78814	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY	R	\$0.00	\$0.00	\$68.12
78815	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY	R	\$0.00	\$0.00	\$75.24
78816	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY	R	\$0.00	\$0.00	\$77.02
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR		\$37.21	\$37.21	\$35.20
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR		\$75.70	\$75.70	\$71.19
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	\$0.00	\$0.00	\$0.00
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION		\$141.27	\$141.27	\$70.48
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION		\$147.80	\$147.80	\$70.48
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION		\$156.85	\$156.85	\$71.19
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID		\$0.00	\$0.00	\$0.00
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY		\$203.02	\$203.02	\$112.58
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION		\$156.85	\$156.85	\$71.19
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION		\$166.24	\$166.24	\$71.00
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	R	\$0.00	\$0.00	\$0.00
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE			\$0.00	\$0.00
90288	BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE			\$0.00	\$0.00
90379	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIV), HUMAN, FOR			\$0.00	\$0.00
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE			\$0.00	\$0.00
90386	RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE			\$0.00	\$0.00
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR			\$0.00	\$0.00
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE)			\$0.00	\$0.00
90646	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-D CONJUGATE, FOR BOOSTER			\$0.00	\$0.00
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE)			\$0.00	\$0.00
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE)			\$0.00	\$0.00

90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT	\$0.00	\$0.00	\$3.30
90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR CHILDREN	\$0.00	\$0.00	\$3.30
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN	\$0.00	\$0.00	\$3.30
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR CHILDREN 6-35 MONTHS OF AGE,	\$0.00	\$0.00	\$3.30
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR USE IN INDIVIDUALS 3 YEARS O	\$0.00	\$0.00	\$3.30
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR USE IN INDIVIDUALS 3 YEARS O	\$0.00	\$0.00	\$3.30
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	\$0.00	\$0.00	\$3.30
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, FOR CHILDREN UNDER 5 YEARS	\$0.00	\$0.00	\$3.30
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), F	\$0.00	\$0.00	\$3.30
90701	DIPHTHERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCINE (DTP), F	\$0.00	\$0.00	\$3.30
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED FOR USE IN INDIVIDUALS YO	\$0.00	\$0.00	\$3.30
90703	TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE	\$0.00	\$0.00	\$3.30
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS	\$0.00	\$0.00	\$3.30
90713	POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCU	\$0.00	\$0.00	\$3.30
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), FO	\$0.00	\$0.00	\$3.30
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	\$0.00	\$0.00	\$3.30
90718	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS 7	\$0.00	\$0.00	\$3.30
90720	DIPHTHERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCINE AND	\$0.00	\$0.00	\$3.30
90721	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOP	\$0.00	\$0.00	\$0.00
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B,	\$0.00	\$0.00	\$3.30
90725	CHOLERA VACCINE FOR INJECTABLE USE	\$0.00	\$0.00	\$0.00

90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRES	\$3.30	\$0.00	\$3.30
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS	\$0.00	\$0.00	\$3.30
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135	\$0.00	\$0.00	\$3.30
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	\$0.00	\$0.00	\$3.30
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR U	\$0.00	\$0.00	\$3.30
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FO	\$0.00	\$0.00	\$3.30
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	\$0.00	\$0.00	\$3.30
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DO	\$0.00	\$0.00	\$3.30
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR	\$0.00	\$0.00	\$3.30
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	\$85.01	\$85.01	\$0.00
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY	\$97.74	\$97.74	\$0.00
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$42.23	\$0.00	\$0.00
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$52.60	\$0.00	\$0.00
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$65.73	\$0.00	\$0.00
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$73.50	\$0.00	\$0.00
90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$110.27	\$0.00	\$0.00
90809	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$121.50	\$0.00	\$0.00
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$51.70	\$0.00	\$0.00
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$62.94	\$0.00	\$0.00
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$71.00	\$0.00	\$0.00
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$79.36	\$0.00	\$0.00

90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL		\$102.98	\$0.00	\$0.00
90815	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL		\$115.08	\$0.00	\$0.00
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$45.97	\$45.97	\$0.00	\$0.00
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$57.79		\$0.00	\$0.00
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$71.78		\$0.00	\$0.00
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$80.42		\$0.00	\$0.00
90821	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$119.77		\$0.00	\$0.00
90822	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$132.45		\$0.00	\$0.00
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$55.73		\$0.00	\$0.00
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$68.41		\$0.00	\$0.00
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$77.34		\$0.00	\$0.00
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$86.85		\$0.00	\$0.00
90828	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$113.07		\$0.00	\$0.00
90829	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL	\$126.89		\$0.00	\$0.00
90845	PSYCHOANALYSIS	\$64.74	\$64.74	\$0.00	\$0.00
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	\$82.35	\$82.35	\$0.00	\$0.00
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY		\$25.02	\$0.00	\$0.00
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	\$20.32	\$20.32	\$0.00	\$0.00
90857	INTERACTIVE GROUP PSYCHOTHERAPY	\$17.13	\$17.13	\$0.00	\$0.00
90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF	\$39.02	\$39.02	\$0.00	\$0.00

	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES				
90865	(EG	\$96.43	\$96.43	\$0.00	\$0.00
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$71.86	\$71.86	\$0.00	\$0.00
	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK				
90875	TRAIN	\$42.22	\$42.22	\$0.00	\$0.00
	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK				
90876	TRAIN	\$65.71	\$65.71	\$0.00	\$0.00
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	\$0.00	\$0.00	\$0.00	\$0.00
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$19.78	\$19.78	\$0.00	\$0.00
	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL				
90911	SPHINCTE	\$99.96	\$99.96	\$0.00	\$0.00
90918	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR	\$390.20	\$390.20	\$0.00	\$0.00
90919	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR	\$312.74	\$10.42	\$0.00	\$0.00
90920	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR	\$9.18	\$275.47	\$0.00	\$0.00
90921	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR	\$6.44	\$193.31	\$0.00	\$0.00
90922	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH)	\$12.98	\$12.98	\$0.00	\$0.00
90923	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH)	\$10.34	\$10.34	\$0.00	\$0.00
90924	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH)	\$9.16	\$9.16	\$0.00	\$0.00
90925	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH)	\$6.52	\$6.52	\$0.00	\$0.00
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	\$78.19	\$78.19	\$0.00	\$0.00
	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR				
90937	WITHOUT	\$137.37	\$137.37	\$0.00	\$0.00
	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS				
90940	AND	\$55.62	\$55.62	\$32.72	\$22.90
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS,	\$73.57	\$73.57	\$0.00	\$0.00
90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS,	\$122.84	\$122.84	\$0.00	\$0.00

90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MOD	\$394.96	\$394.96	\$0.00	\$0.00
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$120.91	\$120.91	\$0.00	\$0.00
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT R	\$0.00	\$0.00	\$0.00	\$0.00
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDI	\$48.21	\$48.21	\$2.12	\$46.09
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR	\$113.70	\$113.70	\$22.38	\$91.32
91011	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR	\$133.82	\$133.82	\$27.99	\$105.83
91012	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR	\$145.61	\$145.61	\$31.45	\$114.16
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$126.89	\$126.89	\$21.04	\$105.85
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	\$158.62	\$158.62	\$101.07	\$57.55
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$51.45	\$51.45	\$6.12	\$45.33
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH	\$165.59	\$165.59	\$126.58	\$39.01
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED				
91035	TELEMET	\$325.86	\$325.86	\$262.84	\$63.02
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL				
91037	CATH	\$106.65	\$106.65	\$67.64	\$39.01
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL				
91038	CATH	\$92.39	\$92.39	\$48.25	\$44.14
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$315.88	\$315.88	\$276.87	\$39.01
91052	GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC				
91052	SECRETION	\$73.87	\$73.87	\$9.31	\$64.56
91055	GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY				
91055	(SEPAR	\$60.48	\$60.48	\$8.26	\$52.21
91060	GASTRIC SALINE LOAD TEST	\$33.71	\$33.71	\$6.12	\$27.59
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY,				
91065	FRUCTOS	\$36.68	\$36.68	\$9.61	\$27.08
91100	INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING	\$47.93	\$47.93	\$0.00	\$0.00
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR	\$24.17	\$24.17	\$0.00	\$0.00
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY),	\$656.41	\$656.41	\$517.76	\$138.65
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED				
91120	BA	\$311.80	\$311.80	\$272.53	\$39.27
91122	ANORECTAL MANOMETRY	\$103.69	\$103.69	\$20.16	\$83.53
91123	PULSED IRRIGATION OF FECAL IMPACTION	\$0.00	\$0.00	\$0.00	\$0.00

91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;		\$9.63	\$9.63	\$3.35	\$6.28
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH		\$9.63	\$9.63	\$3.35	\$6.28
91299	PROVOCATIVE TEST		\$0.00	\$0.00	\$0.00	\$0.00
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	R	\$0.00	\$0.00	\$0.00	\$0.00
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH		\$36.69	\$43.27	\$0.00	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH		\$55.37	\$63.02	\$0.00	\$0.00
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH		\$30.45	\$36.35	\$0.00	\$0.00
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH		\$38.83	\$46.07	\$0.00	\$0.00
92015	DETERMINATION OF REFRACTIVE STATE		\$20.22	\$20.22	\$0.00	\$0.00
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL		\$57.64	\$57.64	\$0.00	\$0.00
92018	ANESTHESIA,		\$57.64	\$57.64	\$0.00	\$0.00
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL		\$45.47	\$51.78	\$0.00	\$0.00
92019	ANESTHESIA,		\$45.47	\$51.78	\$0.00	\$0.00
92020	GONIOSCOPY (SEPARATE PROCEDURE)		\$14.99	\$18.88	\$0.00	\$0.00
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR		\$25.62	\$25.62	\$5.07	\$20.55
92060	DEVIATIO		\$25.62	\$25.62	\$5.07	\$20.55
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION		\$20.76	\$20.76	\$4.29	\$16.46
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF	R	\$38.09	\$54.18	\$0.00	\$0.00
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		\$19.39	\$19.39	\$4.02	\$15.37
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		\$26.54	\$26.54	\$5.34	\$21.20
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		\$37.91	\$37.91	\$7.75	\$30.15
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS		\$30.59	\$33.94	\$0.00	\$0.00
92100	OF		\$30.59	\$33.94	\$0.00	\$0.00
92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION		\$28.41	\$32.57	\$0.00	\$0.00
92120	TONOM		\$28.41	\$32.57	\$0.00	\$0.00
92130	TONOGRAPHY WITH WATER PROVOCATION		\$30.83	\$37.40	\$0.00	\$0.00
92130	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCANNING					
92135	LASE			\$41.29	\$26.84	\$14.45

92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCUL		\$56.53	\$21.47	\$35.06	\$21.47
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOU		\$18.94	\$22.96	\$0.00	\$0.00
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH		\$23.54	\$29.58	\$0.00	\$0.00
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH		\$20.52	\$25.89	\$0.00	\$0.00
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT		\$27.83	\$37.09	\$0.00	\$0.00
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETAT		\$68.33	\$68.33	\$28.01	\$40.32
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH		\$0.00	\$74.62	\$26.98	\$47.64
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT		\$24.66	\$24.66	\$4.80	\$19.86
92260	OPHTHALMODYNAMOMETRY		\$22.64	\$29.88	\$0.00	\$0.00
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR		\$32.03	\$32.03	\$6.39	\$25.65
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT		\$42.95	\$42.95	\$8.53	\$34.42
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT		\$54.99	\$54.99	\$10.95	\$44.05
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT		\$15.65	\$15.65	\$3.22	\$12.43
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT		\$23.41	\$23.41	\$4.80	\$18.61
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND		\$13.89	\$13.89	\$2.95	\$10.94
92286	REPORT; W		\$53.79	\$53.79	\$10.95	\$42.84
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W		\$46.10	\$66.48	\$0.00	\$0.00
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF	R	\$69.74	\$69.74	\$0.00	\$0.00
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF	R	\$44.49	\$56.56	\$0.00	\$0.00
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF	R	\$53.26	\$68.82	\$0.00	\$0.00
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF	R	\$39.53	\$51.33	\$0.00	\$0.00
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL		\$33.00	\$33.00	\$0.00	\$0.00

92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL		\$38.00	\$38.00	\$0.00	\$0.00
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL		\$33.00	\$33.00	\$0.00	\$0.00
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL		\$39.00	\$39.00	\$0.00	\$0.00
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA		\$29.00	\$29.00	\$0.00	\$0.00
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA		\$8.40	\$16.31	\$0.00	\$0.00
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	R	\$0.00	\$0.00	\$0.00	\$0.00
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA		\$77.27	\$77.27	\$0.00	\$0.00
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)		\$9.25	\$12.74	\$0.00	\$0.00
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY		\$33.42	\$40.40	\$0.00	\$0.00
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY		\$20.41	\$24.84	\$0.00	\$0.00
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY		\$10.53	\$12.94	\$0.00	\$0.00
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)		\$38.23	\$49.63	\$0.00	\$0.00
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)		\$23.66	\$29.96	\$0.00	\$0.00
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)		\$18.82	\$24.05	\$0.00	\$0.00
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TEST)		\$30.62	\$37.73	\$0.00	\$0.00
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING		\$29.08	\$29.08	\$0.00	\$0.00
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE		\$6.96	\$6.96	\$0.00	\$0.00
92532	POSITIONAL NYSTAGMUS TEST		\$5.83	\$5.83	\$0.00	\$0.00
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULAT		\$6.69	\$6.69	\$0.00	\$0.00
92534	OPTOKINETIC NYSTAGMUS TEST		\$2.76	\$2.76	\$0.00	\$0.00
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WIT		\$31.41	\$31.41	\$6.39	\$25.02
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING		\$27.75	\$27.75	\$7.43	\$20.31
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULAT		\$35.33	\$35.33	\$11.70	\$23.63
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL		\$21.45	\$21.45	\$5.85	\$15.60
92545	OSCILLATING TRACKING TEST, WITH RECORDING		\$18.45	\$18.45	\$5.85	\$12.60
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING		\$23.94	\$23.94	\$6.65	\$17.29
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PR		\$15.67	\$15.67	\$0.00	\$0.00

92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$0.00	\$66.72	\$39.50	\$27.22
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$12.24	\$12.24	\$0.00	\$0.00
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$12.24	\$12.24	\$0.00	\$0.00
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	\$18.60	\$18.60	\$0.00	\$0.00
92555	SPEECH AUDIOMETRY THRESHOLD;	\$10.63	\$10.63	\$0.00	\$0.00
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH	\$15.94	\$15.94	\$0.00	\$0.00
92557	RECOGNITION (	\$33.47	\$33.47	\$0.00	\$0.00
92559	AUDIOMETRIC TESTING OF GROUPS	\$22.26	\$22.26	\$0.00	\$0.00
92560	BEKESY AUDIOMETRY; SCREENING	\$14.21	\$14.21	\$0.00	\$0.00
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	\$19.94	\$19.94	\$0.00	\$0.00
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$11.43	\$11.43	\$0.00	\$0.00
92563	TONE DECAY TEST	\$10.63	\$10.63	\$0.00	\$0.00
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$13.28	\$13.28	\$0.00	\$0.00
92565	STENGER TEST, PURE TONE	\$6.07	\$11.16	\$0.00	\$0.00
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$14.87	\$14.87	\$0.00	\$0.00
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	\$10.63	\$10.63	\$0.00	\$0.00
92569	ACOUSTIC REFLEX TESTING; DECAY	\$11.43	\$11.43	\$0.00	\$0.00
92571	FILTERED SPEECH TEST	\$5.93	\$10.90	\$0.00	\$0.00
92572	STAGGERED SPONDAIC WORD TEST	\$2.39	\$2.39	\$0.00	\$0.00
92573	LOMBARD TEST	\$9.82	\$9.82	\$0.00	\$0.00
92575	SENSORINEURAL ACUITY LEVEL TEST	\$4.62	\$8.51	\$0.00	\$0.00
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$6.85	\$12.48	\$0.00	\$0.00
92577	STENGER TEST, SPEECH	\$11.06	\$20.18	\$0.00	\$0.00
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$20.21	\$20.21	\$0.00	\$0.00
92582	CONDITIONING PLAY AUDIOMETRY	\$10.95	\$20.21	\$0.00	\$0.00
92583	SELECT PICTURE AUDIOMETRY	\$24.99	\$24.99	\$0.00	\$0.00
92584	ELECTROCOCHLEOGRAPHY	\$69.37	\$69.37	\$0.00	\$0.00
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTI	\$109.38	\$109.38	\$51.34	\$58.04
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTI	\$50.49	\$50.49	\$0.00	\$0.00
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC	\$43.18	\$43.18	\$36.17	\$7.01
92588	EVALUATION	\$60.05	\$60.05	\$40.95	\$19.10
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	\$33.75	\$45.00	\$0.00	\$0.00

92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	\$123.75	\$165.00	\$0.00	\$0.00
92592	HEARING AID CHECK; MONAURAL	\$18.75	\$25.00	\$0.00	\$0.00
92593	HEARING AID CHECK; BINAURAL	\$18.75	\$25.00	\$0.00	\$0.00
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	\$14.17	\$14.17	\$0.00	\$0.00
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	\$150.00	\$200.00	\$0.00	\$0.00
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	\$16.48	\$16.48	\$0.00	\$0.00
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT	\$62.33	\$62.33	\$0.00	\$0.00
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;	\$91.49	\$91.49	\$0.00	\$0.00
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;	\$64.26	\$64.26	\$0.00	\$0.00
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH	\$61.69	\$61.69	\$0.00	\$0.00
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT	\$42.16	\$42.16	\$0.00	\$0.00
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	\$0.00	\$0.00	\$0.00	\$0.00
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE,	\$0.00	\$0.00	\$0.00	\$0.00
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND	\$76.32	\$76.32	\$0.00	\$0.00
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE,	\$15.17	\$15.17	\$0.00	\$0.00
92609	INCLUDING	\$41.38	\$41.38	\$0.00	\$0.00
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$29.57	\$29.57	\$0.00	\$0.00
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO	\$32.14	\$32.14	\$0.00	\$0.00
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$51.22	\$124.70	\$0.00	\$0.00
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$32.31	\$32.57	\$0.00	\$0.00
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING B	\$51.22	\$97.21	\$0.00	\$0.00
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING B	\$28.92	\$28.92	\$0.00	\$0.00

92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL	\$74.68	\$133.52	\$0.00	\$0.00
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL	\$35.96	\$35.96	\$0.00	\$0.00
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUT	\$30.64	\$30.64	\$0.00	\$0.00
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL	\$7.93	\$7.93	\$0.00	\$0.00
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING	\$30.13	\$30.13	\$0.00	\$0.00
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$15.59	\$15.95	\$0.00	\$0.00
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUT	\$15.59	\$15.59	\$0.00	\$0.00
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$0.00	\$0.00	\$0.00	\$0.00
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$0.00	\$0.00	\$0.00	\$0.00
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE R	\$0.00	\$0.00	\$0.00	\$0.00
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$176.52	\$176.52	\$0.00	\$0.00
92953	TEMPORARY TRANSCUTANEOUS PACING	\$28.10	\$28.10	\$0.00	\$0.00
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	\$120.34	\$120.34	\$0.00	\$0.00
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	\$179.74	\$179.74	\$0.00	\$0.00
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	\$206.32	\$206.32	\$0.00	\$0.00
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	\$83.65	\$83.65	\$0.00	\$0.00
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN	\$134.01	\$134.01	\$0.00	\$0.00
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT	\$148.34	\$148.34	\$0.00	\$0.00
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE	\$376.10	\$376.10	\$0.00	\$0.00
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$219.11	\$219.11	\$0.00	\$0.00
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$200.09	\$200.09	\$118.96	\$81.13
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$124.47	\$124.47	\$59.61	\$64.86
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WI	\$905.25	\$905.25	\$0.00	\$0.00

92981	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WI	\$278.43	\$278.43	\$0.00	\$0.00
92982	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$728.68	\$728.68	\$0.00	\$0.00
92984	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EACH ADDITIONA	\$199.76	\$199.76	\$0.00	\$0.00
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$941.65	\$941.65	\$0.00	\$0.00
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$956.46	\$956.46	\$0.00	\$0.00
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$750.43	\$750.43	\$0.00	\$0.00
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASH	\$799.78	\$799.78	\$0.00	\$0.00
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLU	\$50.00	\$65.00	\$0.00	\$0.00
92995	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER	\$799.34	\$799.34	\$0.00	\$0.00
92996	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER	\$218.20	\$218.20	\$0.00	\$0.00
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE	\$716.27	\$716.27	\$0.00	\$0.00
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH	\$281.67	\$281.67	\$0.00	\$0.00
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETA	\$21.79	\$21.79	\$0.00	\$0.00
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	\$12.26	\$12.26	\$0.00	\$0.00
93010	INTERPRETATION	\$9.52	\$9.52	\$0.00	\$0.00
93012	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP	\$65.69	\$65.69	\$0.00	\$0.00
93014	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP	\$27.20	\$27.20	\$0.00	\$0.00
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI	\$89.95	\$89.95	\$0.00	\$41.55
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI	\$24.39	\$24.39	\$0.00	\$0.00
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI	\$45.83	\$45.83	\$0.00	\$0.00

93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI	\$19.72	\$19.72	\$0.00	\$0.00
93024	ERGONOVINE PROVOCATION TEST MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$108.58	\$108.58	\$30.89	\$77.70
93025	ARRHYTHMIAS	\$0.00	\$190.05	\$0.00	\$0.00
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION	\$12.15	\$12.15	\$0.00	\$0.00
93041	AN	\$4.00	\$4.00	\$0.00	\$0.00
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$8.16	\$8.16	\$0.00	\$0.00
93224	ORIGINAL EC ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$128.20	\$128.20	\$0.00	\$0.00
93225	ORIGINAL EC ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$33.84	\$33.84	\$0.00	\$0.00
93226	ORIGINAL EC ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$59.68	\$59.68	\$0.00	\$0.00
93227	ORIGINAL EC ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$34.69	\$34.69	\$0.00	\$0.00
93230	ORIGINAL EC ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$135.90	\$135.90	\$0.00	\$0.00
93231	ORIGINAL EC ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$41.56	\$41.56	\$0.00	\$0.00
93232	ORIGINAL EC ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$59.17	\$59.17	\$0.00	\$0.00
93233	ORIGINAL EC ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$35.17	\$35.17	\$0.00	\$0.00
93235	COMPUTERIZE ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$101.14	\$101.14	\$0.00	\$0.00
93236	COMPUTERIZE ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$71.19	\$71.19	\$0.00	\$0.00
93237	COMPUTERIZE PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM	\$29.95	\$29.95	\$0.00	\$0.00
93268	MEMO PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM	\$126.73	\$126.73	\$99.53	\$27.20
93270	MEMO PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM	\$33.84	\$33.84	\$0.00	\$0.00
93271	MEMO	\$65.69	\$65.69	\$0.00	\$0.00

93272	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO	\$27.20	\$27.20	\$0.00	\$0.00
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES;	\$56.22	\$56.22	\$32.42	\$23.80
93303	COMPL TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES;	\$166.87	\$166.87	\$101.44	\$65.42
93304	FOLLO ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE	\$91.46	\$91.46	\$51.10	\$40.35
93307	DOCUMENTATION (2 ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE	\$157.16	\$157.16	\$105.26	\$51.90
93308	DOCUMENTATION (2 ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE	\$88.03	\$88.03	\$53.02	\$35.01
93312	DOCUMENTATION ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE	\$189.77	\$189.77	\$104.58	\$85.19
93313	DOCUMENTATION ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE	\$47.30	\$47.30	\$0.00	\$0.00
93314	DOCUMENTATION TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC	\$151.88	\$151.88	\$104.58	\$47.30
93315	ANOMALIES; TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC	\$218.65	\$218.65	\$100.84	\$117.81
93316	ANOMALIES; TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC	\$46.10	\$46.10	\$0.00	\$0.00
93317	ANOMALIES; IMA ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES,	\$172.29	\$172.29	\$100.84	\$71.45
93318	INCLU DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	\$203.83	\$203.83	\$109.26	\$94.56
93320	WITH SPEC DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	\$72.12	\$72.12	\$46.88	\$25.24
93321	WITH SPEC DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST	\$40.60	\$40.60	\$30.62	\$9.98
93325	SEPARATELY ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE	\$83.23	\$83.23	\$79.86	\$3.37
93350	DOCUMENTATION (2	\$126.08	\$126.08	\$48.46	\$77.62
93501	RIGHT HEART CATHETERIZATION INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ)	\$654.96	\$654.96	\$461.26	\$193.71
93503	FOR	\$143.62	\$143.62	\$0.00	\$0.00

93505	ENDOMYOCARDIAL BIOPSY	\$276.95	\$276.95	\$55.07	\$221.88
93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S)	\$523.97	\$523.97	\$328.46	\$195.51
93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXIL	\$1,223.29	\$1,223.29	\$1,008.57	\$214.72
93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXIL	\$1,204.65	\$1,204.65	\$981.92	\$222.73
93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE	\$1,320.07	\$1,320.07	\$981.92	\$338.15
93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	\$1,619.94	\$1,619.94	\$1,283.02	\$336.92
93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART	\$1,649.62	\$1,649.62	\$1,318.19	\$331.42
93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART	\$1,700.29	\$1,700.29	\$1,283.02	\$417.28
93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (W	\$1,673.95	\$1,673.95	\$1,283.02	\$390.93
93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION TH	\$1,507.80	\$1,507.80	\$1,283.02	\$224.78
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$668.63	\$668.63	\$445.27	\$223.36
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART	\$1,663.32	\$1,663.32	\$1,272.51	\$390.81
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART	\$1,723.23	\$1,723.23	\$1,238.55	\$484.67
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART	\$1,512.60	\$1,512.60	\$1,238.55	\$274.05
93539	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE	\$36.97	\$36.97	\$0.00	\$0.00
93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE	\$41.08	\$41.08	\$0.00	\$0.00
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY	\$31.98	\$31.98	\$0.00	\$0.00
93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGH	\$31.71	\$31.71	\$0.00	\$0.00
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT	\$26.47	\$26.47	\$0.00	\$0.00
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY	\$26.47	\$26.47	\$0.00	\$0.00
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORO	\$41.97	\$41.97	\$0.00	\$0.00
93555	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE	\$201.61	\$201.61	\$169.63	\$31.98
93556	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE	\$305.15	\$305.15	\$267.02	\$38.13

93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING	\$71.16	\$71.16	\$15.11	\$56.05
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING	\$33.67	\$33.67	\$9.02	\$24.65
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW		\$198.80	\$127.92	\$70.87
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW		\$182.19	\$125.29	\$56.90
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICA	\$736.30	\$736.30	\$0.00	\$0.00
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL	\$985.59	\$985.59	\$0.00	\$0.00
93600	BUNDLE OF HIS RECORDING	\$194.02	\$194.02	\$53.29	\$140.73
93602	INTRA-ATRIAL RECORDING	\$143.46	\$143.46	\$30.37	\$113.08
93603	RIGHT VENTRICULAR RECORDING	\$170.67	\$170.67	\$45.83	\$124.84
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WI	\$479.37	\$479.37	\$74.09	\$405.29
93610	INTRA-ATRIAL PACING	\$191.74	\$191.74	\$37.03	\$154.71
93612	INTRAVENTRICULAR PACING	\$199.73	\$199.73	\$44.22	\$155.51
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY	\$286.47	\$286.47	\$0.00	\$286.47
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$47.46	\$47.46	\$8.53	\$38.92
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$90.68	\$90.68	\$8.53	\$82.14
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$390.33	\$390.33	\$108.19	\$282.14
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING A	\$697.01	\$697.01	\$209.99	\$487.01
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$969.71	\$969.71	\$243.64	\$726.07
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$0.00	\$0.00	\$0.00	\$799.18
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$0.00	\$0.00	\$0.00	\$795.19
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIS	\$0.00	\$0.00	\$0.00	\$163.05

93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST	\$280.54	\$280.54	\$54.09	\$226.44
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCAL	\$567.97	\$567.97	\$174.18	\$393.79
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING	\$438.49	\$438.49	\$195.12	\$243.37
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING	\$571.97	\$571.97	\$195.12	\$376.85
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING	\$521.07	\$521.07	\$195.12	\$325.95
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR	\$701.98	\$701.98	\$0.00	\$908.07
93651	TREATMENT	\$987.63	\$987.63	\$0.00	\$0.00
93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT	\$1,029.59	\$1,029.59	\$0.00	\$0.00
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH		\$125.57	\$43.61	\$81.96
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTI	\$219.37	\$219.37	\$104.55	\$114.82
93668	PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION	\$36.51	\$36.51	\$0.00	\$0.00
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$25.35	\$25.53	\$18.58	\$6.95
93720	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT	\$31.29	\$31.29	\$0.00	\$0.00
93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND	\$10.69	\$19.67	\$0.00	\$0.00
93722	PLETHYSMOGRAPHY, TOTAL BODY; INTERPRETATION AND REPORT ONLY	\$11.62	\$11.62	\$0.00	\$0.00
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTRONIC ANALYSIS OF IMPLANTABLE LOOP RECORDER (ILR) SYSTEM	\$334.27	\$334.27	\$108.19	\$226.08
93727	(INCLUDE	\$20.89	\$20.89	\$0.00	\$0.00
93731	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUAT	\$36.09	\$36.09	\$13.58	\$22.52
93732	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUAT	\$53.35	\$53.35	\$14.11	\$39.23
93733	ELECTRONIC ANALYSIS OF DUAL CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INC	\$0.00	\$31.34	\$19.96	\$11.38
93734	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALU	\$29.77	\$29.77	\$9.58	\$20.19
93735	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALU	\$46.46	\$46.46	\$12.24	\$34.22

93736	ELECTRONIC ANALYSIS OF SINGLE CHAMBER INTERNAL PACEMAKER SYSTEM (MAY		\$27.78	\$27.78	\$17.55	\$10.23
93740	TEMPERATURE GRADIENT STUDIES		\$17.74	\$17.74	\$4.27	\$13.47
93741	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES		\$50.22	\$50.22	\$24.83	\$25.38
93742	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES		\$62.66	\$62.66	\$33.91	\$28.75
93743	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES		\$57.50	\$57.50	\$24.83	\$32.66
93744	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES		\$71.33	\$71.33	\$33.91	\$37.41
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	R	\$0.00	\$0.00	\$0.00	\$0.00
93770	DETERMINATION OF VENOUS PRESSURE		\$10.55	\$10.55	\$0.80	\$9.74
93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE		\$54.62	\$54.62	\$0.00	\$0.00
93786	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE		\$6.75	\$9.00	\$0.00	\$0.00
93788	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE		\$35.70	\$35.70	\$0.00	\$0.00
93790	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE		\$29.93	\$29.93	\$0.00	\$0.00
93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH		\$2.06	\$8.77	\$0.00	\$0.00
93798	CONTINU		\$3.09	\$11.61	\$0.00	\$0.00
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	R	\$0.00	\$0.00	\$0.00	\$0.00
93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, COMPLETE		\$47.31	\$47.31	\$31.08	\$16.23
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY		\$133.98	\$133.98	\$104.94	\$29.04
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY		\$89.06	\$89.06	\$69.62	\$19.44
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE		\$158.82	\$158.82	\$118.76	\$40.06
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED		\$105.85	\$105.85	\$79.42	\$26.43
93892	STUDY		\$177.44	\$177.44	\$130.03	\$47.41
93893	DETECT		\$174.12	\$174.12	\$126.71	\$47.41
	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI					
	DETECT					

93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES,	\$48.97	\$48.97	\$32.91	\$16.06
93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES,	\$91.18	\$91.18	\$62.11	\$29.07
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST	\$100.05	\$100.05	\$67.66	\$32.39
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM	\$133.93	\$133.93	\$105.47	\$28.45
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;	\$89.54	\$89.54	\$70.40	\$19.15
93930	COM	\$137.03	\$137.03	\$111.86	\$25.17
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE	\$91.19	\$91.19	\$74.39	\$16.80
93965	BILATERA	\$54.85	\$54.85	\$31.05	\$23.80
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND	\$148.48	\$148.48	\$116.59	\$31.90
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND	\$98.98	\$98.98	\$77.81	\$21.18
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC	\$197.61	\$197.61	\$132.31	\$65.30
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC	\$132.20	\$132.20	\$88.46	\$43.74
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS	\$139.39	\$139.39	\$108.64	\$30.75
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS	\$92.86	\$92.86	\$72.25	\$20.61
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS;	\$175.65	\$175.65	\$98.55	\$77.10
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS;	\$121.33	\$121.33	\$91.09	\$30.24
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF	\$83.31	\$83.31	\$70.40	\$12.92
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	\$24.44	\$24.44	\$11.46	\$12.98

94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INC	\$12.62	\$12.62	\$0.00	\$0.00
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME;	\$4.89	\$4.89	\$0.00	\$0.00
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC	\$45.35	\$45.35	\$25.33	\$20.02
94070	DETERMINATIO	\$68.24	\$68.24	\$39.71	\$28.53
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$9.08	\$9.08	\$2.39	\$6.69
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD,	\$14.15	\$14.15	\$6.92	\$7.23
94240	NITROG	\$32.93	\$32.93	\$18.65	\$14.28
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCE	\$10.96	\$10.96	\$3.73	\$7.23
94260	THORACIC GAS VOLUME	\$23.78	\$23.78	\$14.92	\$8.86
94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITR DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR	\$28.42	\$28.42	\$14.92	\$13.50
94360	PLETHYSMOGRAPHI	\$39.10	\$39.10	\$26.13	\$12.97
94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	\$19.09	\$19.09	\$7.46	\$11.63
94375	RESPIRATORY FLOW VOLUME LOOP	\$28.04	\$28.04	\$13.07	\$14.97
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$37.01	\$37.01	\$9.50	\$27.50
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$29.31	\$29.31	\$10.65	\$18.66
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AN	\$36.26	\$36.26	\$24.25	\$12.01
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AN	\$51.43	\$51.43	\$35.99	\$15.45
94620	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST FOR	\$84.45	\$84.45	\$38.64	\$45.81
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE	\$0.00	\$73.32	\$40.03	\$33.29
94640	AIRWAY	\$11.19	\$11.19	\$0.00	\$0.00
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII	\$43.41	\$43.41	\$0.00	\$0.00
94656	PNEUMONIA	\$69.02	\$69.02	\$0.00	\$0.00
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PR	\$42.20	\$42.20	\$0.00	\$0.00

94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND	\$42.80	\$42.80	\$0.00	\$0.00
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEM	\$30.83	\$30.83	\$0.00	\$0.00
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL	\$14.38	\$14.38	\$0.00	\$0.00
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$15.97	\$15.97	\$0.00	\$0.00
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$9.85	\$9.85	\$0.00	\$0.00
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	\$32.05	\$32.05	\$14.84	\$17.21
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE	\$52.38	\$52.38	\$38.56	\$13.81
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDUR	\$18.05	\$18.05	\$14.65	\$3.40
94720	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE)	\$37.20	\$37.20	\$22.92	\$14.28
94725	MEMBRANE DIFFUSION CAPACITY	\$60.38	\$60.38	\$47.68	\$12.70
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE	\$30.47	\$30.47	\$15.72	\$14.75
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE	\$7.19	\$7.19	\$0.00	\$0.00
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE	\$18.62	\$18.62	\$0.00	\$0.00
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS	\$31.40	\$31.40	\$0.00	\$0.00
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$19.27	\$19.27	\$9.72	\$9.55
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO	\$207.47	\$207.47	\$77.76	\$129.71
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	\$0.00	\$0.00	\$0.00	\$0.00
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS	\$2.66	\$2.66	\$0.00	\$0.00
95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENT	\$6.12	\$7.59	\$0.00	\$0.00
95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH D	\$6.12	\$7.59	\$0.00	\$0.00

95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE		\$4.00	\$4.00	\$0.00	\$0.00
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS,		\$4.00	\$4.00	\$0.00	\$0.00
95028	DELAYED T		\$6.14	\$6.14	\$0.00	\$0.00
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)		\$5.34	\$5.34	\$0.00	\$0.00
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)		\$6.68	\$6.68	\$0.00	\$0.00
95056	PHOTO TESTS		\$2.52	\$4.80	\$0.00	\$0.00
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS		\$9.34	\$9.34	\$0.00	\$0.00
95065	DIRECT NASAL MUCOUS MEMBRANE TEST		\$2.79	\$5.34	\$0.00	\$0.00
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON		\$58.69	\$58.69	\$0.00	\$0.00
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON		\$75.05	\$75.05	\$0.00	\$0.00
95075	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST		\$54.78	\$81.20	\$0.00	\$0.00
95078	PROVOCATIVE TESTING (EG, RINKEL TEST)		\$6.92	\$6.92	\$0.00	\$0.00
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI	R		\$10.54	\$0.00	\$0.00
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI	R		\$13.37	\$0.00	\$0.00
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION	R		\$8.41	\$0.00	\$0.00
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION	R		\$10.47	\$0.00	\$0.00
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION	R		\$13.27	\$0.00	\$0.00
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION	R		\$14.76	\$0.00	\$0.00
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION	R		\$16.84	\$0.00	\$0.00
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION	R		\$22.45	\$0.00	\$0.00
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION	R		\$7.15	\$0.00	\$0.00

95170	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION	R		\$8.67	\$0.00	\$0.00
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, E	R		\$100.00	\$0.00	\$0.00
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID		\$37.42	\$37.42	\$37.42	\$0.00
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID		\$20.79	\$20.79	\$0.00	\$0.00
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDIN	R	\$213.89	\$213.89	\$142.00	\$71.89
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT	R	\$246.64	\$246.64	\$130.92	\$115.72
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT	R	\$299.68	\$299.68	\$180.64	\$119.04
95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP	R	\$328.73	\$328.73	\$180.64	\$148.09
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF	R	\$354.55	\$354.55	\$180.64	\$173.91
95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF	R	\$363.85	\$363.85	\$183.14	\$180.72
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES		\$84.96	\$84.96	\$38.88	\$46.07
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR		\$104.03	\$104.03	\$38.88	\$65.15
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY		\$76.16	\$76.16	\$36.23	\$39.93
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP		\$83.37	\$83.37	\$37.30	\$46.07
95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY		\$97.22	\$97.22	\$49.54	\$47.68
95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY		\$49.70	\$49.70	\$11.46	\$38.24
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING		\$119.60	\$119.60	\$62.60	\$57.00
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)		\$199.26	\$199.26	\$4.24	\$195.02
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGR		\$72.51	\$72.51	\$0.00	\$0.00
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY		\$12.83	\$16.72	\$0.00	\$0.00
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR		\$12.35	\$15.70	\$0.00	\$0.00

95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT	\$20.10	\$25.20	\$0.00	\$0.00
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT	\$27.24	\$35.43	\$0.00	\$0.00
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH	\$11.92	\$15.14	\$0.00	\$0.00
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WI	\$8.07	\$10.08	\$0.00	\$0.00
95857	TENSILON TEST FOR MYASTHENIA GRAVIS	\$23.23	\$29.93	\$0.00	\$0.00
95860	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT RELATED PARASPI	\$59.59	\$59.59	\$10.38	\$49.21
95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARAS	\$101.92	\$101.92	\$20.23	\$81.68
95863	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED	\$120.94	\$120.94	\$25.57	\$95.36
95864	NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED	\$157.49	\$157.49	\$48.76	\$108.73
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	\$86.43	\$86.43	\$18.13	\$68.30
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$59.07	\$59.07	\$5.88	\$53.19
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	\$50.69	\$50.69	\$15.72	\$34.96
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	\$99.16	\$99.16	\$18.92	\$80.24
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR	\$26.29	\$26.29	\$5.85	\$20.44
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR	\$25.56	\$25.56	\$5.65	\$19.91
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIV	\$80.22	\$80.22	\$16.50	\$63.71
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATI	\$21.20	\$21.20	\$5.62	\$15.28
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVAT	\$21.45	\$21.45	\$5.62	\$15.83
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR	\$57.84	\$57.84	\$11.65	\$46.19
95900	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MO	\$30.17	\$30.17	\$7.73	\$22.44

95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MO	\$34.65	\$34.65	\$6.92	\$27.72
95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SE	\$25.94	\$25.94	\$6.12	\$19.83
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATELY IN TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL	\$140.33	\$138.39	\$35.20	\$103.19
95921	INNERVATION		\$31.71	\$10.01	\$21.70
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC		\$33.33	\$10.01	\$23.32
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE		\$31.71	\$10.01	\$21.70
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY	\$59.26	\$59.26	\$25.04	\$34.23
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY	\$59.26	\$59.26	\$25.04	\$34.23
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY	\$59.26	\$59.26	\$25.04	\$34.23
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION);	\$123.90	\$123.90	\$61.25	\$62.64
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION);	\$128.74	\$128.74	\$66.10	\$62.64
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERB	\$33.75	\$33.75	\$6.95	\$26.80
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS	\$53.27	\$53.27	\$21.57	\$31.70
95934	MUS	\$30.66	\$30.66	\$5.85	\$24.81
95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED	\$31.84	\$31.84	\$5.85	\$25.99
95937	STIMULI	\$39.96	\$39.96	\$9.31	\$30.65
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE F	\$253.35	\$253.35	\$174.15	\$79.19
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADI	\$363.89	\$363.89	\$209.48	\$154.41
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED	\$299.42	\$299.42	\$174.15	\$125.26

95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE	\$140.92	\$140.92	\$13.53	\$127.39
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID	\$114.71	\$114.71	\$54.77	\$59.94
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADI	\$307.44	\$307.44	\$174.15	\$133.28
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIK	\$122.82	\$122.82	\$46.61	\$76.21
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$268.50	\$268.50	\$47.93	\$220.58
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECO	\$163.62	\$163.62	\$35.20	\$128.42
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECO	\$170.67	\$170.67	\$35.20	\$135.46
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS	\$317.58	\$317.58	\$0.00	\$317.58
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNE	\$45.80	\$45.80	\$0.00	\$45.80
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNE	\$40.39	\$40.39	\$0.00	\$40.39
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE	\$17.56	\$17.56	\$0.00	\$0.00
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE	\$0.00	\$31.43	\$0.00	\$29.88
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE	\$0.00	\$63.68	\$0.00	\$61.61
95973	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE	\$0.00	\$38.55	\$0.00	\$37.78
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE	\$113.51	\$116.88	\$0.00	\$0.00
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE	\$21.88	\$21.88	\$0.00	\$0.00
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE	\$141.68	\$157.75	\$0.00	\$0.00
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE	\$68.34	\$72.93	\$0.00	\$0.00
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG	\$39.59	\$39.59	\$0.00	\$0.00

95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG	\$28.60	\$62.00	\$0.00	\$0.00
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE R	\$0.00	\$0.00	\$0.00	\$0.00
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF	\$72.56	\$73.07	\$0.00	\$0.00
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF	\$19.43	\$31.93	\$0.00	\$0.00
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF	\$19.99	\$21.01	\$0.00	\$0.00
	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND				
96105	RECEPTIVE	\$49.92	\$49.92	\$0.00	\$0.00
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, E	\$32.19	\$32.19	\$0.00	\$0.00
	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR,				
96111	LANGUAG	\$49.92	\$49.92	\$0.00	\$0.00
	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING,				
96116	REASONIN	\$76.18	\$81.03	\$0.00	\$0.00
	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN				
96118	NEUROPSYCHOLOGICAL BAT	\$75.92	\$95.32	\$0.00	\$0.00
	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN				
96119	NEUROPSYCHOLOGICAL BAT	\$25.83	\$47.01	\$0.00	\$0.00
	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST),				
96120	ADMINIST	\$19.99	\$34.53	\$0.00	\$0.00
	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL				
96150	INTERVIEW,	\$25.06	\$28.02	\$0.00	\$0.00
	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL				
96151	INTERVIEW,	\$18.84	\$19.09	\$0.00	\$0.00
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIV	\$17.99	\$18.24	\$0.00	\$0.00
	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE;				
96153	GROUP	\$3.99	\$4.25	\$0.00	\$0.00
	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-				
96401	HORMON	\$45.53	\$45.53	\$0.00	\$0.00
	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR;				
96402	HORMONAL	\$24.78	\$24.78	\$0.00	\$0.00
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESI	\$21.08	\$26.18	\$0.00	\$0.00
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	\$31.96	\$39.47	\$0.00	\$0.00
	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR				
96409	IN	\$83.44	\$83.44	\$0.00	\$0.00

96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIO	\$48.57	\$48.57	\$0.00	\$0.00
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 H	\$117.55	\$117.55	\$0.00	\$0.00
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH	\$27.10	\$27.10	\$0.00	\$0.00
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATIO	\$125.93	\$125.93	\$0.00	\$0.00
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH	\$57.80	\$57.80	\$0.00	\$0.00
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$34.10	\$34.10	\$0.00	\$0.00
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO	\$33.57	\$33.57	\$0.00	\$0.00
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH	\$13.07	\$13.07	\$0.00	\$0.00
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITI	\$38.66	\$38.66	\$0.00	\$0.00
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDI	\$92.73	\$92.73	\$0.00	\$0.00
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCL	\$79.89	\$93.03	\$0.00	\$0.00
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND	\$68.58	\$80.25	\$0.00	\$0.00
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$103.98	\$103.98	\$0.00	\$0.00
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG	\$75.40	\$75.40	\$0.00	\$0.00
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	\$19.05	\$19.05	\$0.00	\$0.00
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANE	\$59.44	\$74.06	\$0.00	\$0.00
96549	UNLISTED CHEMOTHERAPY PROCEDURE R	\$0.00	\$0.00	\$0.00	\$0.00
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY	\$42.82	\$42.82	\$0.00	\$0.00
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNO	\$56.77	\$56.77	\$0.00	\$0.00
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNO	\$30.57	\$30.57	\$0.00	\$0.00

96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT) PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT)		\$10.92	\$10.92	\$0.00	\$0.00
96910	OR		\$15.72	\$15.72	\$0.00	\$0.00
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA) PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE		\$18.11	\$18.11	\$0.00	\$0.00
96913	PHOTORESPONSIVE		\$37.03	\$37.03	\$0.00	\$0.00
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA R		\$47.00	\$109.44	\$0.00	\$0.00
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM T R LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500		\$47.83	\$112.07	\$0.00	\$0.00
96922	SQ	R	\$85.67	\$156.07	\$0.00	\$0.00
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	R	\$0.00	\$0.00	\$0.00	\$0.00
97001	PHYSICAL THERAPY EVALUATION		\$46.27	\$46.27	\$0.00	\$0.00
97002	PHYSICAL THERAPY RE-EVALUATION		\$18.56	\$18.56	\$0.00	\$0.00
97003	OCCUPATIONAL THERAPY EVALUATION		\$46.27	\$46.27	\$0.00	\$0.00
97004	OCCUPATIONAL THERAPY RE-EVALUATION		\$18.56	\$18.56	\$0.00	\$0.00
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS		\$9.35	\$9.35	\$0.00	\$0.00
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL		\$12.92	\$12.92	\$0.00	\$0.00
97014	STIMULATION APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC		\$11.13	\$11.13	\$0.00	\$0.00
97016	DEVICES		\$12.47	\$12.47	\$0.00	\$0.00
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH		\$10.39	\$10.39	\$0.00	\$0.00
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG,		\$12.92	\$12.92	\$0.00	\$0.00
97024	MICROWA		\$9.35	\$9.35	\$0.00	\$0.00
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED		\$8.81	\$8.81	\$0.00	\$0.00
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL		\$11.21	\$11.21	\$0.00	\$0.00
97032	STIMULATION APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH		\$11.33	\$11.33	\$0.00	\$0.00
97033	15 APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH		\$11.87	\$11.87	\$0.00	\$0.00
97034	1		\$9.09	\$9.09	\$0.00	\$0.00

97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MI		\$9.36	\$9.36	\$0.00	\$0.00
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15		\$17.27	\$17.27	\$0.00	\$0.00
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE) THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	R	\$15.68	\$15.68	\$0.00	\$0.00
97110	THERAPEUTIC THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;		\$17.18	\$17.18	\$0.00	\$0.00
97112	NEUROMUSCUL THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC		\$16.93	\$16.93	\$0.00	\$0.00
97113	THE THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT		\$18.76	\$18.76	\$0.00	\$0.00
97116	TRAINI		\$14.93	\$14.93	\$0.00	\$0.00
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE,		\$13.46	\$13.46	\$0.00	\$0.00
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY) MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL	R	\$0.00	\$0.00	\$0.00	\$0.00
97140	LYMP		\$13.89	\$17.52	\$0.00	\$0.00
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)		\$13.77	\$13.77	\$0.00	\$0.00
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PRO DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY,		\$17.96	\$17.96	\$0.00	\$0.00
97532	PROBLEM		\$14.98	\$18.85	\$0.00	\$0.00
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMO		\$14.98	\$20.40	\$0.00	\$0.00
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (AD		\$14.73	\$14.73	\$0.00	\$0.00
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MIN		\$12.38	\$12.38	\$0.00	\$0.00
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WI		\$35.34	\$35.34	\$0.00	\$0.00
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WI		\$45.19	\$45.19	\$0.00	\$0.00
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT		\$8.26	\$8.26	\$0.00	\$0.00
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTI		\$0.00	\$0.00	\$0.00	\$0.00

97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTI		\$0.00	\$0.00	\$0.00	\$0.00
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIO		\$20.37	\$20.37	\$0.00	\$0.00
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING		\$19.23	\$22.80	\$0.00	\$0.00
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15		\$18.72	\$21.01	\$0.00	\$0.00
97762	MIN		\$0.00	\$0.00	\$0.00	\$0.00
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	R	\$0.00	\$0.00	\$0.00	\$0.00
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVI		\$11.87	\$11.87	\$0.00	\$0.00
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,		\$11.87	\$11.87	\$0.00	\$0.00
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MI		\$0.00	\$4.64	\$0.00	\$0.00
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVO		\$20.40	\$20.40	\$0.00	\$0.00
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS		\$30.53	\$30.53	\$0.00	\$0.00
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INV		\$36.45	\$36.45	\$0.00	\$0.00
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS		\$42.46	\$42.46	\$0.00	\$0.00
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INV		\$46.11	\$46.11	\$0.00	\$0.00
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS		\$0.00	\$20.68	\$0.00	\$0.00
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIO		\$0.00	\$26.45	\$0.00	\$0.00
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS		\$0.00	\$32.78	\$0.00	\$0.00
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE RE		\$0.00	\$19.24	\$0.00	\$0.00
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULE		\$7.50	\$10.00	\$0.00	\$0.00
99082	UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)	R	\$0.00	\$1.00	\$0.00	\$0.00

99148	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY COD	\$0.00	\$0.00	\$0.00	\$0.00
99149	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY COD	\$0.00	\$0.00	\$0.00	\$0.00
99170	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR	\$100.19	\$100.19	\$0.00	\$0.00
99172	VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL	\$15.64	\$15.64	\$12.37	\$3.27
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	\$45.00	\$60.00	\$0.00	\$0.00
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY,	\$38.10	\$38.10	\$0.00	\$0.00
99183	PER	\$116.13	\$116.13	\$0.00	\$0.00
99185	HYPOTHERMIA; REGIONAL	\$17.33	\$17.33	\$0.00	\$0.00
99186	HYPOTHERMIA; TOTAL BODY	\$58.23	\$58.23	\$0.00	\$0.00
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH	\$88.74	\$88.74	\$0.00	\$0.00
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH	\$88.74	\$88.74	\$0.00	\$0.00
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH	\$54.76	\$54.76	\$0.00	\$0.00
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH	\$40.41	\$40.41	\$0.00	\$0.00
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$11.99	\$11.99	\$0.00	\$0.00
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$22.05	\$0.00	\$0.00
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$35.29	\$0.00	\$0.00
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$48.86	\$0.00	\$0.00
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$73.04	\$0.00	\$0.00
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$91.89	\$0.00	\$0.00
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$10.57	\$0.00	\$0.00

99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$19.15	\$0.00	\$0.00
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$27.06	\$0.00	\$0.00
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$41.97	\$0.00	\$0.00
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF		\$66.39	\$0.00	\$0.00
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED	\$46.90	\$46.90	\$0.00	\$0.00
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		\$51.39	\$0.00	\$0.00
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		\$81.70	\$0.00	\$0.00
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		\$103.48	\$0.00	\$0.00
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$50.53		\$0.00	\$0.00
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$84.07		\$0.00	\$0.00
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$107.67		\$0.00	\$0.00
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	\$25.89		\$0.00	\$0.00
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	\$38.86		\$0.00	\$0.00
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	\$53.99		\$0.00	\$0.00
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM	\$92.77	\$92.77	\$0.00	\$0.00
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM	\$127.83	\$127.83	\$0.00	\$0.00
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM	\$154.65	\$154.65	\$0.00	\$0.00
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$45.76		\$0.00	\$0.00
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$66.00		\$0.00	\$0.00

99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T		\$34.96	\$0.00	\$0.00
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T		\$55.41	\$0.00	\$0.00
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T		\$71.58	\$0.00	\$0.00
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T		\$101.10	\$0.00	\$0.00
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T		\$136.07	\$0.00	\$0.00
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	\$35.76	\$0.00	\$0.00	\$0.00
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	\$55.73	\$0.00	\$0.00	\$0.00
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	\$73.69	\$0.00	\$0.00	\$0.00
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	\$101.47	\$0.00	\$0.00	\$0.00
99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	\$137.65	\$0.00	\$0.00	\$0.00
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		\$15.97	\$0.00	\$0.00
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		\$24.71	\$0.00	\$0.00
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		\$45.51	\$0.00	\$0.00
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		\$69.53	\$0.00	\$0.00
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		\$109.43	\$0.00	\$0.00
99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE,		\$0.00	\$0.00	\$0.00
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR	\$147.84		\$0.00	\$0.00
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR	\$71.86		\$0.00	\$0.00
99293	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION	\$610.50	\$610.50	\$0.00	\$0.00

99294	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUAT	\$302.26	\$302.26	\$0.00	\$0.00
99295	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION	\$644.30		\$0.00	\$0.00
99296	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATI	\$301.83		\$0.00	\$0.00
99298	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	\$109.15		\$0.00	\$0.00
99299	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	\$99.73	\$99.73	\$0.00	\$0.00
99300	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	\$154.81	\$154.81	\$0.00	\$0.00
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM		\$49.40	\$0.00	\$0.00
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM		\$65.66	\$0.00	\$0.00
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM		\$72.07	\$0.00	\$0.00
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		\$25.47	\$0.00	\$0.00
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		\$42.19	\$0.00	\$0.00
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		\$59.51	\$0.00	\$0.00
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		\$74.49	\$0.00	\$0.00
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS		\$46.70	\$0.00	\$0.00
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES		\$57.36	\$0.00	\$0.00
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FAC		\$49.40	\$0.00	\$0.00
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$40.96	\$43.76	\$0.00	\$0.00
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$60.95	\$64.26	\$0.00	\$0.00
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$89.84	\$93.42	\$0.00	\$0.00

99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$120.06	\$123.12	\$0.00	\$0.00
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$149.72	\$152.53	\$0.00	\$0.00
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$30.22	\$33.79	\$0.00	\$0.00
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$49.91	\$53.74	\$0.00	\$0.00
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$79.11	\$83.19	\$0.00	\$0.00
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$118.27	\$122.61	\$0.00	\$0.00
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		\$48.30	\$0.00	\$0.00
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		\$63.67	\$0.00	\$0.00
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		\$83.44	\$0.00	\$0.00
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		\$111.43	\$0.00	\$0.00
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		\$133.33	\$0.00	\$0.00
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		\$34.49	\$0.00	\$0.00
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		\$50.96	\$0.00	\$0.00
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		\$75.17	\$0.00	\$0.00
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		\$108.62	\$0.00	\$0.00
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING		\$66.39	\$0.00	\$0.00
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING		\$66.39	\$0.00	\$0.00
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	\$67.00		\$0.00	\$0.00

99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT		\$67.00	\$0.00	\$0.00
99381	OF INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT			\$69.85	\$0.00
99382	OF INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT			\$79.91	\$0.00
99383	OF INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT			\$79.91	\$0.00
99384	OF INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT			\$89.97	\$0.00
99385	OF INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT			\$84.63	\$0.00
99386	OF INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT			\$103.73	\$0.00
99387	OF PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND			\$113.55	\$0.00
99391	MANAGEMENT PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND			\$60.06	\$0.00
99392	MANAGEMENT PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND			\$69.85	\$0.00
99393	MANAGEMENT PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND			\$69.85	\$0.00
99394	MANAGEMENT PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND			\$79.91	\$0.00
99395	MANAGEMENT PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND			\$75.38	\$0.00
99396	MANAGEMENT PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND			\$84.63	\$0.00
99397	MANAGEMENT			\$94.45	\$0.00
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	R	\$0.00	\$0.00	\$0.00
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM		\$68.73	\$0.00	\$0.00
99432	SETTING, SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A		\$74.05	\$0.00	\$0.00
99433	NORMA		\$36.33	\$0.00	\$0.00

99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND	\$88.02		\$0.00	\$0.00
99436	IN	\$85.68	\$85.68	\$0.00	\$0.00
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/	\$172.13	\$172.13	\$0.00	\$0.00

CODE	DESCRIPTION	R RATE
80048	BASIC METABOLIC PANEL	\$9.61
80050	GENERAL HEALTH PANEL	\$48.11
80053	COMPREHENSIVE METABOLIC PANEL	\$12.05
80055	OBSTETRIC PANEL	\$82.62
80061	LIPID PANEL	\$16.33
80069	RENAL FUNCTION PANEL	\$9.61
80074	ACUTE HEPATITIS PANEL	\$68.27
80076	HEPATIC FUNCTION PANEL	\$9.61
80100	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAPHIC METHOD	\$20.85
80101	DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNOASSAY, E	\$19.74
80102	DRUG CONFIRMATION, EACH PROCEDURE	\$18.99
80103	TISSUE PREPARATION FOR DRUG ANALYSIS	\$0.00
80150	AMIKACIN	\$21.61
80152	AMITRIPTYLINE	\$25.66
80154	BENZODIAZEPINES	\$26.51
80156	CARBAMAZEPINE; TOTAL	\$20.87
80157	CARBAMAZEPINE; FREE	\$19.00
80158	CYCLOSPORINE	\$25.89
80160	DESIPRAMINE	\$24.68
80162	DIGOXIN	\$19.03
80164	DIPROPYLACETIC ACID (VALPROIC ACID)	\$19.43
80166	DOXEPIN	\$22.22
80168	ETHOSUXIMIDE	\$23.42
80170	GENTAMICIN	\$23.50
80172	GOLD	\$23.35
80173	HALOPERIDOL	\$20.87
80174	IMIPRAMINE	\$24.68
80176	LIDOCAINE	\$21.05
80178	LITHIUM	\$9.47
80182	NORTRIPTYLINE	\$19.43
80184	PHENOBARBITAL	\$16.42
80185	PHENYTOIN; TOTAL	\$19.00
80186	PHENYTOIN; FREE	\$19.74
80188	PRIMIDONE	\$23.78
80190	PROCAINAMIDE;	\$24.01
80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	\$24.01

80194	QUINIDINE	\$20.93
80195	SIROLIMUS	\$0.00
80196	SALICYLATE	\$10.18
80197	TACROLIMUS	\$19.67
80198	THEOPHYLLINE	\$20.28
80200	TOBRAMYCIN	\$23.10
80202	VANCOMYCIN	\$19.43
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	\$19.62
80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	\$46.74
80402	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	\$124.62
80406	ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY	\$112.18
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	\$179.90
80410	CALCITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)	\$115.14
80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	\$423.90
80414	CHORIONIC GONADOTROPIN STIMULATION PANEL; TESTOSTERONE RESPONSE	\$74.02
80415	CHORIONIC GONADOTROPIN STIMULATION PANEL; ESTRADIOL RESPONSE	\$80.12
80416	RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	\$189.18
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	\$63.06
80418	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	\$798.36
80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	\$102.76
80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	\$66.03
80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	\$72.40
80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	\$212.76
80428	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-DOPA	\$95.56
80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	\$112.42
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	\$182.04
80434	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY	\$144.95
80435	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	\$147.55
80436	METYRAPONE PANEL	\$130.68
80438	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR	\$72.24
80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO HOUR	\$96.32
80440	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; FOR	\$83.34
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE,	\$4.54
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE,	\$4.54
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE,	\$3.46
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE,	\$3.22
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	\$3.11

81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK		\$3.69
81015	URINALYSIS; MICROSCOPIC ONLY		\$4.35
81020	URINALYSIS; TWO OR THREE GLASS TEST		\$5.28
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS		\$1.71
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH		\$4.05
81099	UNLISTED URINALYSIS PROCEDURE	R	\$0.00
82000	ACETALDEHYDE, BLOOD		\$17.76
82003	ACETAMINOPHEN		\$29.01
82009	ACETONE OR OTHER KETONE BODIES, SERUM; QUALITATIVE		\$6.48
82010	ACETONE OR OTHER KETONE BODIES, SERUM; QUANTITATIVE		\$11.71
82013	ACETYLCHOLINESTERASE		\$16.01
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)		\$47.28
82030	ADENOSINE, 5-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)		\$36.99
82040	ALBUMIN; SERUM		\$7.08
82042	ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN		\$7.41
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE		\$8.30
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSA		\$6.56
82045	ALBUMIN; ISCHEMIA MODIFIED		\$47.43
82055	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH		\$15.49
82075	ALCOHOL (ETHANOL); BREATH		\$16.66
82085	ALDOLASE		\$13.92
82088	ALDOSTERONE		\$58.42
82101	ALKALOIDS, URINE, QUANTITATIVE		\$43.03
82103	ALPHA-1-ANTITRYPSIN; TOTAL		\$19.25
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE		\$20.73
82105	ALPHA-FETOPROTEIN; SERUM		\$24.04
82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID		\$24.04
82108	ALUMINUM		\$36.53
82120	AMINES, VAGINAL FLUID, QUALITATIVE		\$5.39
82127	AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN		\$19.87
82128	AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH SPECIMEN		\$19.87
82131	AMINO ACIDS; SINGLE, QUANTITATIVE, EACH SPECIMEN		\$24.18
82135	AMINOLEVULINIC ACID, DELTA (ALA)		\$23.60
82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN		\$2.91
82140	AMMONIA		\$20.88
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)		\$9.86
82145	AMPHETAMINE OR METHAMPHETAMINE		\$16.66

82150	AMYLASE	\$9.29
82154	ANDROSTANEDIOL GLUCURONIDE	\$41.34
82157	ANDROSTENEDIONE	\$41.97
82160	ANDROSTERONE	\$35.85
82163	ANGIOTENSIN II	\$25.00
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	\$20.93
82172	APOLIPOPROTEIN, EACH	\$20.31
82175	ARSENIC	\$27.20
82180	ASCORBIC ACID (VITAMIN C), BLOOD	\$8.33
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$21.37
82205	BARBITURATES, NOT ELSEWHERE SPECIFIED	\$16.42
82232	BETA-2 MICROGLOBULIN	\$23.19
82239	BILE ACIDS; TOTAL	\$24.56
82240	BILE ACIDS; CHOLYLGLYCINE	\$31.40
82247	BILIRUBIN; TOTAL	\$7.19
82248	BILIRUBIN; DIRECT	\$7.19
82252	BILIRUBIN; FECES, QUALITATIVE	\$6.51
82261	BIOTINIDASE, EACH SPECIMEN	\$2.91
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES	\$4.66
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER	\$0.00
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY,	\$18.57
82286	BRADYKININ	\$9.87
82300	CADMIUM	\$33.17
82306	CALCIFEDIOL (25-OH VITAMIN D-3)	\$39.16
82307	CALCIFEROL (VITAMIN D)	\$46.19
82308	CALCITONIN	\$38.38
82310	CALCIUM; TOTAL	\$7.39
82330	CALCIUM; IONIZED	\$19.59
82331	CALCIUM; AFTER CALCIUM INFUSION TEST	\$7.41
82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	\$5.63
82355	CALCULUS; QUALITATIVE ANALYSIS	\$16.59
82360	CALCULUS; QUANTITATIVE ANALYSIS, CHEMICAL	\$18.46
82365	CALCULUS; INFRARED SPECTROSCOPY	\$18.48
82370	CALCULUS; X-RAY DIFFRACTION	\$17.97
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	\$25.89
82374	CARBON DIOXIDE (BICARBONATE)	\$7.01
82375	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUANTITATIVE	\$17.67

82376	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUALITATIVE	\$8.58
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	\$27.20
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	\$2.91
82380	CAROTENE	\$13.22
82382	CATECHOLAMINES; TOTAL URINE	\$24.64
82383	CATECHOLAMINES; BLOOD	\$35.92
82384	CATECHOLAMINES; FRACTIONATED	\$36.20
82387	CATHEPSIN-D	\$29.82
82390	CERULOPLASMIN	\$15.40
82397	CHEMILUMINESCENT ASSAY	\$20.25
82415	CHLORAMPHENICOL	\$18.16
82435	CHLORIDE; BLOOD	\$6.59
82436	CHLORIDE; URINE	\$7.21
82438	CHLORIDE; OTHER SOURCE	\$7.01
82441	CHLORINATED HYDROCARBONS, SCREEN	\$7.49
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	\$6.24
82480	CHOLINESTERASE; SERUM	\$11.30
82482	CHOLINESTERASE; RBC	\$11.02
82485	CHONDROITIN B SULFATE, QUANTITATIVE	\$29.60
82486	CHROMATOGRAPHY, QUALITATIVE; COLUMN (EG, GAS LIQUID OR HPLC), ANALYTE	\$25.89
82487	CHROMATOGRAPHY, QUALITATIVE; PAPER, 1-DIMENSIONAL, ANALYTE NOT ELSEWHE	\$22.88
82488	CHROMATOGRAPHY, QUALITATIVE; PAPER, 2-DIMENSIONAL, ANALYTE NOT ELSEWHE	\$30.63
82489	CHROMATOGRAPHY, QUALITATIVE; THIN LAYER, ANALYTE NOT ELSEWHERE SPECIFI	\$26.51
82491	CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC); SINGLE	\$25.89
82495	CHROMIUM	\$29.08
82507	CITRATE	\$39.86
82520	COCAINE OR METABOLITE	\$21.72
82523	COLLAGEN CROSS LINKS, ANY METHOD	\$26.80
82525	COPPER	\$17.79
82528	CORTICOSTERONE	\$32.27
82530	CORTISOL; FREE	\$23.96
82533	CORTISOL; TOTAL	\$23.37
82540	CREATINE	\$6.65
82541	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/ MS), ANAL	\$25.89
82542	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/ MS), ANAL	\$25.89
82543	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/ MS), ANAL	\$25.89
82544	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/ MS), ANAL	\$25.89

82550	CREATINE KINASE (CK), (CPK); TOTAL	\$8.95
82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	\$19.20
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$9.43
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	\$17.01
82565	CREATININE; BLOOD	\$7.34
82570	CREATININE; OTHER SOURCE	\$7.41
82575	CREATININE; CLEARANCE	\$12.25
82585	CRYOFIBRINOGEN	\$12.29
82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)	\$8.55
82600	CYANIDE	\$27.81
82607	CYANOCOBALAMIN (VITAMIN B-12);	\$21.61
82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	\$20.53
82615	CYSTINE AND HOMOCYSTINE, URINE, QUALITATIVE	\$11.71
82626	DEHYDROEPIANDROSTERONE (DHEA)	\$36.23
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$31.87
82633	DESOXYCORTICOSTERONE, 11-	\$44.41
82634	DEOXYCORTISOL, 11-	\$41.97
82638	DIBUCAINE NUMBER	\$17.55
82646	DIHYDROCODEINONE	\$29.60
82649	DIHYDROMORPHINONE	\$36.84
82651	DIHYDROTESTOSTERONE (DHT)	\$37.01
82652	DIHYDROXYVITAMIN D, 1,25-	\$55.18
82654	DIMETHADIONE	\$19.85
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	\$24.11
82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHE	\$25.89
82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHE	\$25.89
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$49.25
82666	EPIANDROSTERONE	\$30.79
82668	ERYTHROPOIETIN	\$26.94
82670	ESTRADIOL	\$40.06
82671	ESTROGENS; FRACTIONATED	\$46.30
82672	ESTROGENS; TOTAL	\$31.09
82677	ESTRIOL	\$34.67
82679	ESTRONE	\$35.79
82690	ETHCHLORVYNOL	\$24.78
82693	ETHYLENE GLYCOL	\$21.36
82696	ETIOCHOLANOLONE	\$33.81

82705	FAT OR LIPIDS, FECES; QUALITATIVE	\$1.66
82710	FAT OR LIPIDS, FECES; QUANTITATIVE	\$24.08
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$4.77
82725	FATTY ACIDS, NONESTERIFIED	\$19.08
82728	FERRITIN	\$19.53
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$92.33
82735	FLUORIDE	\$26.58
82742	FLURAZEPAM	\$28.38
82746	FOLIC ACID; SERUM	\$21.08
82747	FOLIC ACID; RBC	\$24.83
82757	FRUCTOSE, SEMEN	\$24.86
82759	GALACTOKINASE, RBC	\$30.79
82760	GALACTOSE	\$16.05
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	\$30.19
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	\$12.02
82784	GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH	\$13.33
82785	GAMMAGLOBULIN; IGE	\$23.61
82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, OR 4), EACH	\$10.96
82800	GASES, BLOOD, PH ONLY	\$10.30
82803	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING	\$22.51
82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING	\$32.29
82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE	\$9.78
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXY	\$14.33
82926	GASTRIC ACID, FREE AND TOTAL, EACH SPECIMEN	\$7.81
82928	GASTRIC ACID, FREE OR TOTAL, EACH SPECIMEN	\$9.38
82938	GASTRIN AFTER SECRETIN STIMULATION	\$25.37
82941	GASTRIN	\$25.29
82943	GLUCAGON	\$8.33
82945	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$5.62
82946	GLUCAGON TOLERANCE TEST	\$21.61
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$5.62
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$4.54
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	\$6.81
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	\$18.46
82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS	\$5.62
82953	GLUCOSE; TOLBUTAMIDE TOLERANCE TEST	\$21.71
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	\$13.90

82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	\$8.69
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA	\$3.35
82963	GLUCOSIDASE, BETA	\$30.79
82965	GLUTAMATE DEHYDROGENASE	\$10.24
82975	GLUTAMINE (GLUTAMIC ACID AMIDE)	\$22.70
82978	GLUTATHIONE	\$20.43
82979	GLUTATHIONE REDUCTASE, RBC	\$9.87
82980	GLUTETHIMIDE	\$26.26
82985	GLYCATED PROTEIN	\$21.61
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	\$26.64
83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)	\$26.55
83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	\$23.89
83008	GUANOSINE MONOPHOSPHATE (GMP), CYCLIC	\$24.06
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY,	\$94.11
83010	HAPTOGLOBIN; QUANTITATIVE	\$18.03
83012	HAPTOGLOBIN; PHENOTYPES	\$24.64
83013	HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY,	\$96.56
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION	\$11.27
83015	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCUR	\$27.00
83018	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCUR	\$31.48
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (EG, A2, S,	\$18.46
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S,	\$25.89
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	\$3.39
83030	HEMOGLOBIN; F (FETAL), CHEMICAL	\$11.86
83033	HEMOGLOBIN; F (FETAL), QUALITATIVE	\$8.54
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	\$13.92
83037	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE	\$0.00
83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	\$7.10
83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	\$8.33
83051	HEMOGLOBIN; PLASMA	\$10.48
83055	HEMOGLOBIN; SULFHEMOGLOBIN, QUALITATIVE	\$7.05
83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	\$8.33
83065	HEMOGLOBIN; THERMOLABILE	\$8.33
83068	HEMOGLOBIN; UNSTABLE, SCREEN	\$12.14
83069	HEMOGLOBIN; URINE	\$5.65
83070	HEMOSIDERIN; QUALITATIVE	\$6.81
83071	HEMOSIDERIN; QUANTITATIVE	\$9.86

83080	B-HEXOSAMINIDASE, EACH ASSAY	\$2.91
83088	HISTAMINE	\$42.34
83090	HOMOCYSTEINE	\$24.18
83150	HOMOVANILLIC ACID (HVA)	\$27.74
83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	\$25.11
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	\$17.50
83498	HYDROXYPROGESTERONE, 17-D	\$38.94
83499	HYDROXYPROGESTERONE, 20-	\$36.13
83500	HYDROXYPROLINE; FREE	\$32.47
83505	HYDROXYPROLINE; TOTAL	\$34.84
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECT	\$15.62
83518	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECT	\$10.58
83519	IMMUNOASSAY, ANALYTE, QUANTITATIVE; BY RADIOPHARMACEUTICAL TECHNIQUE (	\$19.37
83520	IMMUNOASSAY, ANALYTE, QUANTITATIVE; NOT OTHERWISE SPECIFIED	\$18.57
83525	INSULIN; TOTAL	\$16.39
83527	INSULIN; FREE	\$18.57
83528	INTRINSIC FACTOR	\$22.80
83540	IRON	\$9.29
83550	IRON BINDING CAPACITY	\$12.53
83570	ISOCITRIC DEHYDROGENASE (IDH)	\$12.09
83582	KETOGENIC STEROIDS, FRACTIONATION	\$20.32
83586	KETOSTEROIDS, 17- (17-KS); TOTAL	\$18.35
83593	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	\$37.70
83605	LACTATE (LACTIC ACID)	\$15.30
83615	LACTATE DEHYDROGENASE (LD), (LDH);	\$8.66
83625	LACTATE DEHYDROGENASE (LD), (LDH); ISOENZYMES, SEPARATION AND QUANTITA	\$18.34
83630	LACTOFERRIN, FECAL; QUALITATIVE	\$15.22
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$28.97
83633	LACTOSE, URINE; QUALITATIVE	\$7.89
83634	LACTOSE, URINE; QUANTITATIVE	\$16.52
83655	LEAD	\$17.35
83661	FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RATIO	\$31.51
83662	FETAL LUNG MATURITY ASSESSMENT; FOAM STABILITY TEST	\$27.12
83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	\$27.12
83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	\$27.12
83670	LEUCINE AMINOPEPTIDASE (LAP)	\$13.14
83690	LIPASE	\$9.87

83695	LIPOPROTEIN (A)	\$0.00
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND	\$0.00
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLEST	\$11.74
83719	LIPOPROTEIN, DIRECT MEASUREMENT; VLDL CHOLESTEROL	\$13.34
83721	LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL	\$13.67
83727	LUTEINIZING RELEASING FACTOR (LRH)	\$23.20
83735	MAGNESIUM	\$9.61
83775	MALATE DEHYDROGENASE	\$10.57
83785	MANGANESE	\$35.25
83788	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/MS), ANALYTE NO	\$25.89
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/MS), ANALYTE NO	\$25.89
83805	MEPROBAMATE	\$25.27
83825	MERCURY, QUANTITATIVE	\$23.30
83835	METANEPHRINES	\$24.29
83840	METHADONE	\$23.41
83857	METHEMALBUMIN	\$15.40
83858	METHSUXIMIDE	\$21.25
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$28.54
83866	MUCOPOLYSACCHARIDES, ACID; SCREEN	\$14.12
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	\$6.49
83873	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	\$24.66
83874	MYOGLOBIN	\$18.51
83880	NATRIURETIC PEPTIDE	\$48.66
83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	\$19.49
83885	NICKEL	\$35.12
83887	NICOTINE	\$33.95
83890	MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION	\$5.65
83892	MOLECULAR DIAGNOSTICS; ENZYMATIC DIGESTION	\$5.65
83893	MOLECULAR DIAGNOSTICS; DOT/SLOT BLOT PRODUCTION	\$5.65
83894	MOLECULAR DIAGNOSTICS; SEPARATION BY GEL ELECTROPHORESIS (EG, AGAROSE,	\$5.65
83896	MOLECULAR DIAGNOSTICS; NUCLEIC ACID PROBE, EACH	\$5.65
83898	MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, EACH NUC	\$24.03
83901	MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, MULTIPLE	\$24.03
83902	MOLECULAR DIAGNOSTICS; REVERSE TRANSCRIPTION	\$20.34
83903	MOLECULAR DIAGNOSTICS; MUTATION SCANNING, BY PHYSICAL PROPERTIES (EG,	\$24.03
83904	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY SEQUENCING, SINGLE	\$24.03
83905	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIFIC	\$24.03

83906	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIFIC	\$24.03
83907	MOLECULAR DIAGNOSTICS; LYSIS OF CELLS PRIOR TO NUCLEIC ACID EXTRACTION	\$0.00
83908	MOLECULAR DIAGNOSTICS; SIGNAL AMPLIFICATION OF PATIENT NUCLEIC ACID, E	\$0.00
83909	MOLECULAR DIAGNOSTICS; SEPARATION AND IDENTIFICATION BY HIGH RESOLUTIO	\$0.00
83912	MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	\$5.65
83914	MUTATION IDENTIFICATION BY ENZYMATIC LIGATION OR PRIMER EXTENSION, SIN	\$0.00
83915	NUCLEOTIDASE 5'-	\$12.92
83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	\$28.82
83918	ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	\$23.60
83919	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	\$23.60
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	\$23.60
83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	\$27.90
83930	OSMOLALITY; BLOOD	\$9.47
83935	OSMOLALITY; URINE	\$9.77
83937	OSTEOCALCIN (BONE G1A PROTEIN)	\$40.81
83945	OXALATE	\$18.46
83950	ONCOPROTEIN, HER-2/NEU	\$92.33
83970	PARATHORMONE (PARATHYROID HORMONE)	\$59.17
83986	PH, BODY FLUID, EXCEPT BLOOD	\$5.14
83992	PHENCYCLIDINE (PCP)	\$21.07
84022	PHENOTHIAZINE	\$22.33
84030	PHENYLALANINE (PKU), BLOOD	\$7.89
84035	PHENYLKETONES, QUALITATIVE	\$5.25
84060	PHOSPHATASE, ACID; TOTAL	\$10.59
84061	PHOSPHATASE, ACID; FORENSIC EXAMINATION	\$11.34
84066	PHOSPHATASE, ACID; PROSTATIC	\$13.85
84075	PHOSPHATASE, ALKALINE;	\$7.41
84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	\$10.00
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	\$21.20
84081	PHOSPHATIDYLGLYCEROL	\$23.69
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	\$9.66
84087	PHOSPHOHEXOSE ISOMERASE	\$14.80
84100	PHOSPHORUS INORGANIC (PHOSPHATE);	\$6.80
84105	PHOSPHORUS INORGANIC (PHOSPHATE); URINE	\$7.41
84106	PORPHOBILINOGEN, URINE; QUALITATIVE	\$6.14
84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	\$12.11
84119	PORPHYRINS, URINE; QUALITATIVE	\$12.34

84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	\$21.08
84126	PORPHYRINS, FECES; QUANTITATIVE	\$36.51
84127	PORPHYRINS, FECES; QUALITATIVE	\$16.70
84132	POTASSIUM; SERUM	\$6.59
84133	POTASSIUM; URINE	\$6.16
84134	PREALBUMIN	\$20.91
84135	PREGNANEDIOL	\$27.42
84138	PREGNANETRIOL	\$27.14
84140	PREGNENOLONE	\$29.64
84143	17-HYDROXYPREGNENOLONE	\$32.72
84144	PROGESTERONE	\$29.90
84146	PROLACTIN	\$27.78
84150	PROSTAGLANDIN, EACH	\$35.79
84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	\$26.37
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	\$26.37
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	\$26.37
84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM	\$5.25
84160	PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SOURCE	\$7.41
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	\$21.03
84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	\$15.40
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS	\$24.23
84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER	\$24.42
84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER	\$25.80
84202	PROTOPORPHYRIN, RBC; QUANTITATIVE	\$20.56
84203	PROTOPORPHYRIN, RBC; SCREEN	\$12.34
84206	PROINSULIN	\$25.54
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	\$40.27
84210	PYRUVATE	\$15.56
84220	PYRUVATE KINASE	\$13.52
84228	QUININE	\$16.68
84233	RECEPTOR ASSAY; ESTROGEN	\$92.33
84234	RECEPTOR ASSAY; PROGESTERONE	\$93.00
84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIF	\$75.02
84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	\$52.42
84244	RENIN	\$31.53
84252	RIBOFLAVIN (VITAMIN B-2)	\$29.01
84255	SELENIUM	\$36.59

84260	SEROTONIN	\$44.41
84270	SEX HORMONE BINDING GLOBULIN (SHBG)	\$31.15
84275	SIALIC ACID	\$19.25
84285	SILICA	\$33.76
84295	SODIUM; SERUM	\$6.90
84300	SODIUM; URINE	\$6.97
84302	SODIUM; OTHER SOURCE	\$6.97
84305	SOMATOMEDIN	\$30.47
84307	SOMATOSTATIN	\$26.21
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$10.02
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$3.59
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	\$28.10
84376	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EACH	\$7.89
84377	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, EACH	\$7.89
84378	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EACH	\$16.52
84379	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE, EACH	\$16.52
84392	SULFATE, URINE	\$6.81
84402	TESTOSTERONE; FREE	\$36.50
84403	TESTOSTERONE; TOTAL	\$37.01
84425	THIAMINE (VITAMIN B-1)	\$30.44
84430	THIOCYANATE	\$16.68
84432	THYROGLOBULIN	\$23.02
84436	THYROXINE; TOTAL	\$9.86
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	\$9.28
84439	THYROXINE; FREE	\$12.93
84442	THYROXINE BINDING GLOBULIN (TBG)	\$21.20
84443	THYROID STIMULATING HORMONE (TSH)	\$24.08
84445	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	\$72.90
84446	TOCOPHEROL ALPHA (VITAMIN E)	\$16.05
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$25.80
84466	TRANSFERRIN	\$18.31
84478	TRIGLYCERIDES	\$8.24
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (TH	\$9.28
84480	TRIIODOTHYRONINE T3; TOTAL (TT-3)	\$20.33
84481	TRIIODOTHYRONINE T3; FREE	\$24.29
84482	TRIIODOTHYRONINE T3; REVERSE	\$22.59
84484	TROPONIN, QUANTITATIVE	\$14.10

84485	TRYPSIN; DUODENAL FLUID	\$10.76
84488	TRYPSIN; FECES, QUALITATIVE	\$10.46
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	\$10.91
84510	TYROSINE	\$14.91
84512	TROPONIN, QUALITATIVE	\$8.90
84520	UREA NITROGEN; QUANTITATIVE	\$5.65
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	\$5.39
84540	UREA NITROGEN, URINE	\$6.81
84545	UREA NITROGEN, CLEARANCE	\$8.33
84550	URIC ACID; BLOOD	\$6.48
84560	URIC ACID; OTHER SOURCE	\$6.81
84577	UROBILINOGEN, FECES, QUANTITATIVE	\$16.25
84578	UROBILINOGEN, URINE; QUALITATIVE	\$4.31
84580	UROBILINOGEN, URINE; QUANTITATIVE, TIMED SPECIMEN	\$10.18
84583	UROBILINOGEN, URINE; SEMIQUANTITATIVE	\$7.21
84585	VANILLYLMANDELIC ACID (VMA), URINE	\$5.83
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$22.91
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	\$48.66
84590	VITAMIN A	\$10.22
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$10.22
84597	VITAMIN K	\$19.65
84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE,	\$16.82
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$12.51
84630	ZINC	\$16.32
84681	C-PEPTIDE	\$27.51
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	\$21.58
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	\$10.77
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZ	\$14.39
84999	UNLISTED CHEMISTRY PROCEDURE	R \$0.00
85002	BLEEDING TIME	\$6.45
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	\$9.28
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFEREN	\$3.37
85008	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL	\$4.94
85009	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	\$3.37
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	\$3.06
85014	BLOOD COUNT; HEMATOCRIT (HCT)	\$3.06
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	\$3.06

85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELE	\$11.14
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELE	\$9.28
85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) E	\$6.16
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	\$4.17
85044	BLOOD COUNT; RETICULOCYTE, MANUAL	\$6.02
85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	\$5.74
85046	BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR MORE CELLULAR	\$8.00
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$3.44
85049	BLOOD COUNT; PLATELET, AUTOMATED	\$6.41
85130	CHROMOGENIC SUBSTRATE ASSAY	\$17.05
85170	CLOT RETRACTION	\$4.17
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	\$6.51
85210	CLOTTING; FACTOR II, PROTHROMBIN, SPECIFIC	\$18.62
85220	CLOTTING; FACTOR V (ACG OR PROACCELERIN), LABILE FACTOR	\$25.30
85230	CLOTTING; FACTOR VII (PROCONVERTIN, STABLE FACTOR)	\$25.67
85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	\$25.67
85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	\$29.27
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	\$32.90
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	\$32.90
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND FACTOR, MULTIMETRIC ANALYSIS	\$32.90
85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	\$27.28
85260	CLOTTING; FACTOR X (STUART-PROWER)	\$25.67
85270	CLOTTING; FACTOR XI (PTA)	\$25.67
85280	CLOTTING; FACTOR XII (HAGEMAN)	\$27.74
85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	\$23.42
85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	\$12.74
85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	\$27.15
85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASS	\$27.15
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	\$16.98
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	\$15.50
85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	\$17.23
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	\$19.82
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	\$16.62
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	\$21.96
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	\$21.96
85335	FACTOR INHIBITOR TEST	\$18.46
85337	THROMBOMODULIN	\$14.94

85345	COAGULATION TIME; LEE AND WHITE	\$6.16
85347	COAGULATION TIME; ACTIVATED	\$6.11
85348	COAGULATION TIME; OTHER METHODS	\$4.35
85360	EUGLOBULIN LYSIS	\$12.04
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SL	\$9.87
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	\$12.34
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	\$16.28
85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUALITATIVE OR SEMIQUANTITATIVE	\$10.23
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	\$14.59
85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EVALUATI	\$14.59
85384	FIBRINOGEN; ACTIVITY	\$12.17
85385	FIBRINOGEN; ANTIGEN	\$12.17
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	\$12.68
85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	\$11.06
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	\$24.64
85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASS	\$9.37
85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	\$14.60
85441	HEINZ BODIES; DIRECT	\$6.03
85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	\$9.77
85460	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; DIFFERENTIAL L	\$11.09
85461	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	\$9.51
85475	HEMOLYSIN, ACID	\$12.72
85520	HEPARIN ASSAY	\$18.77
85525	HEPARIN NEUTRALIZATION	\$16.98
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$20.33
85536	IRON STAIN, PERIPHERAL BLOOD	\$9.28
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$12.33
85547	MECHANICAL FRAGILITY, RBC	\$10.00
85549	MURAMIDASE	\$26.89
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$9.58
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	\$19.15
85576	PLATELET, AGGREGATION (IN VITRO), EACH AGENT	\$30.79
85597	PLATELET NEUTRALIZATION	\$25.77
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$5.65
85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	\$13.72
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	\$13.72
85635	REPTILASE TEST	\$14.11

85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	\$5.08
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$3.87
85660	SICKLING OF RBC, REDUCTION	\$7.91
85670	THROMBIN TIME; PLASMA	\$8.28
85675	THROMBIN TIME; TITER	\$9.83
85705	THROMBOPLASTIN INHIBITION, TISSUE	\$13.81
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	\$8.60
85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIONS, EA	\$9.28
85810	VISCOSITY	\$16.74
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	\$0.00
86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVE	\$10.00
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.49
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.49
86005	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PA	\$11.43
86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	\$21.58
86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	\$26.33
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	\$17.86
86038	ANTINUCLEAR ANTIBODIES (ANA);	\$17.32
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	\$16.01
86060	ANTISTREPTOLYSIN O; TITER	\$7.35
86063	ANTISTREPTOLYSIN O; SCREEN	\$7.35
86140	C-REACTIVE PROTEIN;	\$5.49
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	\$18.57
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	\$36.47
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$22.90
86156	COLD AGGLUTININ; SCREEN	\$9.61
86157	COLD AGGLUTININ; TITER	\$11.57
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	\$17.21
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$17.21
86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	\$29.13
86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	\$14.36
86185	COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN	\$12.82
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$0.00
86215	DEOXYRIBONUCLEASE, ANTIBODY	\$19.00
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	\$16.99
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	\$17.35
86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A,	\$25.71

86243	FC RECEPTOR	\$29.42
86255	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIBODY	\$7.49
86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	\$15.42
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$22.56
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	\$10.24
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BL	\$26.55
86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	\$29.83
86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	\$29.83
86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	\$29.83
86308	HETEROPHILE ANTIBODIES; SCREENING	\$7.41
86309	HETEROPHILE ANTIBODIES; TITER	\$8.33
86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GU	\$10.57
86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50,	\$29.83
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT OTHERWISE	\$21.50
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITA	\$18.57
86320	IMMUNOELECTROPHORESIS; SERUM	\$25.72
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) W	\$32.06
86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	\$32.52
86329	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED	\$14.99
86331	IMMUNODIFFUSION; GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGE	\$16.66
86332	IMMUNE COMPLEX ASSAY	\$34.94
86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	\$32.03
86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, U	\$41.00
86336	INHIBIN A	\$21.49
86337	INSULIN ANTIBODIES	\$30.70
86340	INTRINSIC FACTOR ANTIBODIES	\$21.61
86341	ISLET CELL ANTIBODY	\$28.36
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$17.86
86344	LEUKOCYTE PHAGOCYTOSIS	\$11.45
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED	\$70.28
86355	B CELLS, TOTAL COUNT	\$0.00
86359	T CELLS; TOTAL COUNT	\$54.08
86367	STEM CELLS (IE, CD34), TOTAL COUNT	\$0.00
86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	\$20.86
86378	MIGRATION INHIBITORY FACTOR TEST (MIF)	\$28.23
86382	NEUTRALIZATION TEST, VIRAL	\$24.24
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$16.32

86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	\$14.61
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	\$15.25
86430	RHEUMATOID FACTOR; QUALITATIVE	\$8.14
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$8.14
86590	STREPTOKINASE, ANTIBODY	\$11.66
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	\$6.12
86593	SYPHILIS TEST; QUANTITATIVE	\$6.32
86602	ANTIBODY; ACTINOMYCES	\$14.59
86603	ANTIBODY; ADENOVIRUS	\$18.45
86606	ANTIBODY; ASPERGILLUS	\$21.58
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$18.47
86611	ANTIBODY; BARTONELLA	\$14.59
86612	ANTIBODY; BLASTOMYCES	\$18.50
86615	ANTIBODY; BORDETELLA	\$18.91
86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG,	\$22.20
86618	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	\$24.42
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$19.18
86622	ANTIBODY; BRUCELLA	\$12.81
86625	ANTIBODY; CAMPYLOBACTER	\$18.81
86628	ANTIBODY; CANDIDA	\$17.21
86631	ANTIBODY; CHLAMYDIA	\$16.95
86632	ANTIBODY; CHLAMYDIA, IGM	\$18.20
86635	ANTIBODY; COCCIDIOIDES	\$16.44
86638	ANTIBODY; COXIELLA BURNETII (Q FEVER)	\$17.38
86641	ANTIBODY; CRYPTOCOCCUS	\$20.66
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$20.63
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	\$24.15
86648	ANTIBODY; DIPHTHERIA	\$21.80
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	\$18.91
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	\$18.91
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	\$18.91
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	\$18.91
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$18.68
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$18.81
86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	\$21.93
86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	\$26.00
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$14.91

86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	\$17.58
86674	ANTIBODY; GIARDIA LAMBLIA	\$21.10
86677	ANTIBODY; HELICOBACTER PYLORI	\$20.80
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$18.64
86684	ANTIBODY; HAEMOPHILUS INFLUENZA	\$22.71
86687	ANTIBODY; HTLV-I	\$12.03
86688	ANTIBODY; HTLV-II	\$20.08
86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT)	\$27.75
86692	ANTIBODY; HEPATITIS, DELTA AGENT	\$24.60
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	\$20.63
86695	ANTIBODY; HERPES SIMPLEX, TYPE 1	\$18.91
86698	ANTIBODY; HISTOPLASMA	\$17.92
86701	ANTIBODY; HIV-1	\$12.74
86702	ANTIBODY; HIV-2	\$19.37
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY	\$19.66
86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	\$17.28
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	\$16.87
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$15.40
86707	HEPATITIS BE ANTIBODY (HBEAB)	\$16.58
86708	HEPATITIS A ANTIBODY (HAAB); TOTAL	\$17.76
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	\$16.13
86710	ANTIBODY; INFLUENZA VIRUS	\$19.43
86713	ANTIBODY; LEGIONELLA	\$21.94
86717	ANTIBODY; LEISHMANIA	\$17.56
86720	ANTIBODY; LEPTOSPIRA	\$18.91
86723	ANTIBODY; LISTERIA MONOCYTOGENES	\$18.91
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$18.45
86729	ANTIBODY; LYMPHOGRANULOMA VENEREUM	\$17.12
86732	ANTIBODY; MUCORMYCOSIS	\$18.91
86735	ANTIBODY; MUMPS	\$18.71
86738	ANTIBODY; MYCOPLASMA	\$18.99
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$18.91
86744	ANTIBODY; NOCARDIA	\$18.91
86747	ANTIBODY; PARVOVIRUS	\$21.55
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$18.91
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	\$17.77
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$18.48

86757	ANTIBODY; RICKETTSIA	\$27.75
86759	ANTIBODY; ROTAVIRUS	\$18.91
86762	ANTIBODY; RUBELLA	\$20.63
86765	ANTIBODY; RUBEOLA	\$18.47
86768	ANTIBODY; SALMONELLA	\$18.91
86771	ANTIBODY; SHIGELLA	\$18.91
86774	ANTIBODY; TETANUS	\$21.21
86777	ANTIBODY; TOXOPLASMA	\$20.63
86778	ANTIBODY; TOXOPLASMA, IGM	\$20.65
86781	ANTIBODY; TREPONEMA PALLIDUM, CONFIRMATORY TEST (EG, FTA-ABS)	\$9.15
86784	ANTIBODY; TRICHINELLA	\$18.01
86787	ANTIBODY; VARICELLA-ZOSTER	\$18.47
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$18.47
86793	ANTIBODY; YERSINIA	\$18.91
86800	THYROGLOBULIN ANTIBODY	\$22.80
86803	HEPATITIS C ANTIBODY;	\$20.46
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	\$74.95
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION	\$68.22
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDAR	\$56.72
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK M	\$42.55
86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	\$31.04
86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	\$83.12
86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	\$39.93
86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	\$92.29
86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	\$80.93
86822	HLA TYPING; LYMPHOCYTE CULTURE, PRIMED (PLC)	\$52.40
86849	UNLISTED IMMUNOLOGY PROCEDURE	\$110.00
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$47.17
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$0.00
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM	\$0.00
86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	\$7.70
86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH	\$8.20
86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH ANTISERUM	\$7.41
86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE;	\$0.00
86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTR	\$0.00
86900	BLOOD TYPING; ABO	\$4.28
86901	BLOOD TYPING; RH (D)	\$24.11

86903	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGEN	\$4.65
86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERU	\$13.63
86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	\$5.48
86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	\$11.11
86910	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN	\$25.45
86911	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH ADDITIONAL	\$0.00
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	\$0.00
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	\$21.50
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	\$31.00
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	\$0.00
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	\$31.13
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)	\$0.00
86931	FROZEN BLOOD, EACH UNIT; THAWING	\$0.00
86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING	\$0.00
86940	HEMOLYSINS AND AGGLUTININS; AUTO, SCREEN, EACH	\$11.75
86941	HEMOLYSINS AND AGGLUTININS; INCUBATED	\$17.35
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	\$0.00
86950	LEUKOCYTE TRANSFUSION	\$0.00
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR	\$0.00
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	\$0.00
86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION	\$0.00
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION	\$0.00
86972	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION	\$0.00
86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATI	\$0.00
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUT	\$0.00
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATI	\$50.00
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY	\$0.00
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	\$0.00
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	R \$0.00
87001	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION	\$18.95
87003	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSECTION	\$24.13
87015	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	\$6.44
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE	\$14.80
87045	CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY	\$13.34
87046	CULTURE, BACTERIAL; STOOL, AEROBIC, ADDITIONAL PATHOGENS, ISOLATION AN	\$13.34
87070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AER	\$12.34
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTI	\$13.34

87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMP	\$13.34
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION	\$13.56
87076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR	\$11.58
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR	\$11.58
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	\$9.51
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; WITH COLON	\$12.34
87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	\$11.57
87088	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF	\$11.60
87101	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICAT	\$11.06
87102	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICAT	\$12.04
87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST	\$12.86
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	\$12.86
87109	CULTURE, MYCOPLASMA, ANY SOURCE	\$22.06
87110	CULTURE, CHLAMYDIA, ANY SOURCE	\$28.08
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERI	\$15.49
87118	CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE	\$12.86
87140	CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM	\$5.12
87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQU	\$17.97
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG,	\$7.41
87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	\$28.27
87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$7.50
87158	CULTURE, TYPING; OTHER METHODS	\$7.50
87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN);	\$10.58
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN);	\$10.58
87168	MACROSCOPIC EXAMINATION; ARTHROPOD	\$5.15
87169	MACROSCOPIC EXAMINATION; PARASITE	\$5.15
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	\$5.15
87176	HOMOGENIZATION, TISSUE, FOR CULTURE	\$6.44
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$12.51
87181	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHOD, PER	\$1.26
87184	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (1	\$9.89
87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BET	\$1.26
87186	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DIL	\$12.39
87187	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR	\$12.40
87188	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTION METHO	\$9.52
87190	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROPORTION	\$5.83
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	\$21.53

87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR	\$6.12
87206	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAS	\$7.70
87207	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION	\$8.58
87209	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG,	\$0.00
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AG	\$5.15
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS F	\$6.12
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TO	\$28.31
87250	VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INC	\$28.03
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPT	\$37.37
87253	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE	\$28.95
87254	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCLUDES	\$28.03
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, O	\$48.54
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87265	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87272	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HER	\$16.43
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HER	\$16.43
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87277	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUB	\$16.43
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.43
87299	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; NOT	\$16.43
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE,	\$16.43
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87324	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43

87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87338	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$20.62
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$14.81
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$14.81
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.52
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$23.54
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$25.29
87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$25.29
87400	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,	\$16.43
87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE	\$16.43
87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE	\$10.74
87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE	\$10.74
87470	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA	\$28.27
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA	\$50.31
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA	\$61.41
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA	\$28.27
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA	\$50.31
87477	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA	\$61.41
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECI	\$28.27
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECI	\$50.31
87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECI	\$59.84
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA	\$28.27
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA	\$50.31
87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA	\$61.41
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA	\$28.27
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA	\$50.31
87492	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA	\$50.11
87495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIR	\$28.27

87496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIR	\$50.31
87497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIR	\$61.41
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA	\$28.27
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA	\$50.31
87512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA	\$59.84
87515	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B V	\$28.27
87516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B V	\$50.31
87517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B V	\$61.41
87520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C,	\$28.27
87521	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C,	\$50.31
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C,	\$61.41
87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G,	\$28.27
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G,	\$50.31
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G,	\$59.84
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLE	\$28.27
87529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLE	\$50.31
87530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLE	\$61.41
87531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-	\$28.27
87532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-	\$50.31
87533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-	\$59.84
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT	\$28.27
87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIF	\$50.31
87536	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1,	\$121.98
87537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DIRECT	\$28.27
87538	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, AMPLIF	\$50.31
87539	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2,	\$61.41
87540	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$28.27
87541	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$50.31
87542	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$59.84
87550	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$28.27
87551	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$50.31
87552	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$61.41
87555	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$28.27
87556	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$50.31
87557	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$61.41
87560	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$28.27
87561	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$50.31

87562	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$61.41
87580	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA	\$28.27
87581	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA	\$50.31
87582	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA	\$59.84
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA	\$28.27
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA	\$50.31
87592	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA	\$61.41
87620	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRU	\$28.27
87621	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRU	\$50.31
87622	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRU	\$59.84
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS	\$28.27
87651	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS	\$50.31
87652	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS	\$59.84
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$28.27
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$50.31
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$61.41
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE	\$56.53
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE	\$100.63
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.43
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.43
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.43
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.01
87850	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVAT	\$16.43
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVAT	\$16.43
87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVAT	\$16.43
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULA	\$0.00
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV 1	\$0.00
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPAT	\$369.05
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH	\$700.47
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH	\$37.37
87999	UNLISTED MICROBIOLOGY PROCEDURE	R \$0.01
88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	\$21.57
88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEA	\$11.46
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$29.05
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$29.05
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYST	\$15.14
88148	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYST	\$15.14

88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER	\$15.14
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$15.14
88153	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$15.14
88154	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$15.14
88155	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAL EVALUA	\$8.58
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANU	\$15.14
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH	\$15.14
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH	\$15.14
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH	\$15.14
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$30.62
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$36.82
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICA	\$0.00
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICA	\$0.00
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	\$0.00
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	\$0.00
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	\$0.00
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	R \$0.00
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	\$167.00
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSU	\$201.74
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORION	\$211.09
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS	\$181.06
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	\$211.48
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	\$14.48
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	\$14.48
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID	\$195.18
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 5	\$248.25
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN	\$248.25
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	\$253.35
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	\$178.67
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH	\$215.43
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$178.67
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELL	\$257.70
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FRO	\$195.18
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5	\$38.38
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-	\$46.06
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-9	\$49.90
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-	\$57.57

88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY		\$35.98
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR		\$98.33
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY		\$27.23
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY		\$49.36
88299	UNLISTED CYTOGENETIC STUDY	R	\$14.67
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUC		\$65.23
88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUC		\$33.85
88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, EST		\$78.85
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND RE		\$31.86
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND RE		\$32.61
88380	MICRODISSECTION (EG, MECHANICAL, LASER CAPTURE)		\$0.00
88384	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 11 THROUGH 50 PRO		\$0.00
88385	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 51 THROUGH 250 PR		\$62.64
88386	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 251 THROUGH 500 P		\$0.00
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	R	\$0.00
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA		\$133.93
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT		\$6.78
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT		\$7.90
89055	LEUKOCYTE ASSESSMENT, FECAL, QUALITATIVE OR SEMIQUANTITATIVE		\$6.12
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING		\$10.25
89125	FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS		\$6.19
89160	MEAT FIBERS, FECES		\$5.28
89190	NASAL SMEAR FOR EOSINOPHILS		\$6.81
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCED		\$0.00
89225	STARCH GRANULES, FECES		\$4.29
89230	SWEAT COLLECTION BY IONTOPHORESIS		\$0.00
89235	WATER LOAD TEST		\$7.89
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	R	\$0.00
89310	SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)		\$12.34
89320	SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL)		\$17.28
89325	SPERM ANTIBODIES		\$15.30